

CIGNA Dental - Oral Health Integration Reimbursement Form

For reimbursement under the CIGNA Dental Oral Health Integration ProgramSM



Program Details

The **CIGNA Dental Oral Health Integration ProgramSM** enhances dental benefits for CIGNA Dental members who participate in specific CIGNA Well Aware Program for Better Health® programs. Beginning 7/1/06, eligible members will be entitled to 100% reimbursement of their out-of-pocket payment to the dentist for these services,:

- periodontal scaling and root planing
- periodontal maintenance

Covered procedures are detailed below. Annual maximums and out of network maximum reimbursable charges may apply for non-DHMO plans.

A. Instructions

Complete sections A, B, C, D, E, and F

Checklist of items required for reimbursement:

- Completed CIGNA Dental-Oral Health Integration Reimbursement Form
- Photocopy of CIGNA Medical ID card
- Proof of payment
- CIGNA Dental Explanation of Benefits (EOB) **OR** Itemized Receipt from Dentist **OR** Completed Claim Form

Mail completed form and attachments to:

CIGNA Dental
P.O. Box 188044
Chattanooga TN 37422-8044

B. Insured/Subscriber Information

INSURED/SUBSCRIBER NAME		SSN OR CIGNA DENTAL MEMBER ID	
ADDRESS		PHONE NUMBER	
CITY, STATE, ZIP CODE		EMPLOYER NAME	EMPLOYER GROUP NUMBER

C. Patient Information

PATIENT NAME	(space for photocopy of CIGNA medical ID card)
PATIENT DATE OF BIRTH	

D. Dentist Information

DENTIST NAME	ADDRESS
PHONE NUMBER	CITY, STATE, ZIP CODE

E. Claim Information

DATE(S) OF DENTAL SERVICES	AMOUNT PAID TO DENTIST
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DENTAL PROCEDURE(S) PERFORMED:

- D4341** - Periodontal Scaling and Root Planing – 4 or more teeth per quadrant
- D4342** – Periodontal Scaling and Root Planing – 1-3 teeth per quadrant
- D4910** – Periodontal Maintenance

F. Certification

I understand that this additional benefit is available based on my participation in specific CIGNA Well Aware for Better Health programs and that this will be verified by CIGNA Dental. I have attached a copy of my CIGNA medical ID card. I understand this submission does not guarantee payment and the plan maximums may apply.

PATIENT SIGNATURE (REQUIRED)	DATE
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"CIGNA Dental" refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company, and CIGNA Dental Health, Inc. and its operating subsidiaries and affiliates.