

CIGNA Dental – DPPO¹ Balance Billing Reimbursement Form
 For reimbursement regarding treatment provided by out-of-network DPPO providers



Program Details

This **Balance Billing Reimbursement program** is available to certain CIGNA Dental members who are balance-billed by non-network dental providers for covered services. Use this form to request reimbursement. All applicable coinsurance, deductibles, plan maximums and frequency limitations still apply.

How the program works – step-by-step:

1. When you receive services, the dentist may submit the claim for you, or may bill you and have you submit the claim. Once you meet your deductible, you are responsible to pay the dentist a coinsurance, if applicable, for covered services.
2. CIGNA Dental will process the claim and will pay the dentist based on a percentage of reasonable and customary (R&C) charges. You will receive an Explanation of Benefits (EOB).
3. If the dentist balance bills you for the difference between what he or she receives from CIGNA Dental and his/her usual fees, you should pay the dentist and then request reimbursement from CIGNA Dental, as long as you haven't reached your plan maximums. Complete this Balance Billing Reimbursement Form and send it to CIGNA Dental at the address below, along with the documentation listed in Section A.
4. CIGNA Dental will reimburse you for all or a portion of your payment to the dentist that is over and above the appropriate coinsurance for covered services after all plan exclusions, limitations and maximums are applied. Please note that your individual deductible is not reimbursable under the balance billing reimbursement option.

NOTE: If you pay the out of network dentist at 100% of the billed charge up front, you must first complete a regular dental claim form and submit it to CIGNA along with a copy of the provider's bill. If you are eligible for additional reimbursement under the Balance Billing Program, see Steps 3 & 4 above after submitting your initial claim to CIGNA.

If you have any questions, please call 1.800.CIGNA24 (1.800.244.6224).

A. Instructions

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

Checklist of items required for reimbursement:

- Completed CIGNA Dental PPO Balance Billing Reimbursement Form
- Photocopy of Provider's bill for dental service/treatment performed
- Proof of payment of additional charges balance-billed by provider
- CIGNA Dental Explanation of Benefits (EOB)

Mail completed form and attachments to:

**CIGNA Dental
 P.O. Box 188037
 Chattanooga TN 37422-8037**

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	PATIENT DATE OF BIRTH
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D. Dentist Information

DENTIST NAME	ADDRESS
PHONE NUMBER	CITY, STATE, ZIP CODE

E. Claim Information

DATE(S) OF DENTAL SERVICES	
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F. Certification

I understand that this reimbursement may be available to me based on my completion and submission of the required documents for this program. I understand this submission does not guarantee payment and that all plan exclusions and limitations, including deductibles and maximums, will apply. I certify that I have paid to the dentist all applicable coinsurance amounts and the balance-billed amounts reflected on this reimbursement request form.

PATIENT SIGNATURE (REQUIRED)	DATE
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¹In Texas, the CIGNA Dental network-based indemnity plan is known as CIGNA Dental Choice. In Arizona and Louisiana, the CIGNA Dental PPO product is referred to as the CG Dental PPO.

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. The CIGNA Dental PPO is underwritten or administered by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc., and certain of its operating subsidiaries.