

# Cigna Global Health Options

## Dental claim form



### PATIENT'S DETAILS

**To be completed by the beneficiary or his/her legal representative**

1 Patient name			
2 Policy ID		3 Patient's date of birth	
4 Full mailing address of patient			
5 State nature of illness			
Email address			
Tel no:		Fax no:	
6 Do you have any other health or travel insurance policy for which you may receive full or partial reimbursement for these expenses?	Yes	No	

If you have answered yes in section 6, please give details below:

Full name

Policy number

Address of insurance company

### PAYMENT DETAILS

**To be completed by the beneficiary or his/her legal representative**

7 List of expenses for which reimbursement is claimed and amount			8 State to whom you wish settlement paid and currency	
Treatment	Date	Amount	Payment to	Currency
9 Select payment method			Cheque	Bank Wire Transfer
10 Should payment be sent to your bank account, please complete the following:				
Bank account no.		Bank name		
Sort code		Name of account holder		
Swift Code*		IBAN*		
Bank branch address				

11 I authorise the release of any medical information necessary to process this claim. To the best of my knowledge all the details given are true.

Signature of insured person (or Legal Representative):		Date:	
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\*by providing this information, payment will be transferred more efficiently by the receiving bank

**THIS SECTION TO BE COMPLETED BY THE DENTIST**

PREVENTATIVE TREATMENT				
CODE	TREATMENT	NO OF UNITS	DATE OF TREATMENT	CHARGE TO PATIENT
<b>EXAMINATIONS</b>				
A01	Normal			
A11	Extensive			
A21	Full Case Assessment			
<b>X-RAYS</b>				
B01	Bitewing			
B02	Intra Oral			
B03	O.P.G.			
<b>SCALING AND POLISHING</b>				
E01	One Visit			
D01	Fissure Sealants			
D11	Topical Fluoride Application			
MOU	Occlusal Splint			

MINOR TREATMENT				
CODE	TREATMENT	NO OF UNITS	DATE OF TREATMENT	CHARGE TO PATIENT
<b>FILLINGS</b>				
G01	Amalgam - one surface			
G02	Amalgam - two surfaces			
G03	Amalgam - three+ surfaces			
G21	Composite - one surface			
G22	Composite - two surfaces			
G31	Additional charge use of pin			
<b>ROOT CANAL TREATMENT</b>				
H01	Upper and lower anterior (1 root)			
H02	Upper premolar (2 roots)			
H03	Lower premolar (1 root)			
H04	Molars (3+ roots)			
<b>EXTRACTIONS</b>				
L01	Single			
L02	Per additional tooth			
N11	Post-operative care			

MAJOR TREATMENT				
CODE	TREATMENT	NO OF UNITS	DATE OF TREATMENT	CHARGE TO PATIENT
<b>PERIODONTAL TREATMENT (NON-SURGICAL)</b>				
E21	Prolonged (curettage/root planing)			
F51	Splinting			
<b>PERIODONTAL TREATMENT (SURGICAL)</b>				
F01	Gingivectomy			
F11	Mucoperio, flap bone surgery			
<b>DENTURES - METAL/ACRYLIC</b>				
R63	Additional tooth			
R61	Addition of clasp			
K71	Denture repair			
<b>CROWNS/BRIDGES</b>				
J01	Veneers (per tooth)			
K32	Adhesive bridges			
K41	Conventional bridgework			
K12	Standard post and core			
K11	Gold post and core			
K07	Bonded precious crown			
K05	Bonded non-precious crown			
K08	Full cast crown			
K06	Porcelain crown			
<b>INLAYS</b>				
K02	Precious			
K01	Non-precious			
K03	Porcelain			

<b>TOTAL</b>	
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I confirm that the treatment has been/will be carried out and I hereby declare that all treatment as stated is being submitted for approval/has been completed.

Dentist's signature:

Date:

Dentist's stamp:

**Please return your fully completed form along with the original receipt/invoices to:**

**Treatment incurred outside the USA send to:**

Cigna Global Health Options  
 1 Knowe Road  
 Greenock  
 PA15 4RJ  
 Scotland

Tel: +44 (0) 1475 788182  
 Fax: +44 (0) 1475 492113  
 Email: cignaglobal\_customer.care@cigna.com

**Treatment incurred inside the USA send to:**

Cigna International  
 PO Box 15964  
 Wilmington, Delaware 19850  
 United States of America

Tel: +44 (0) 1475 788182  
 Fax: +44 (0) 1475 492113  
 Email: cignaglobal\_customer.care@cigna.com

**FRAUD NOTICE:** Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing deliberately false information, commits a fraudulent insurance act, which is a crime.

We will not deal with any claims which we believe to be fraudulent. Committing fraud may result in your policy being terminated, or we will investigate any claims which we believe to be fraudulent.

Your relevant Cigna Healthcare contracting entity from those listed below will be detailed in your Policy Rules and Certificate of Insurance.

- a) Cigna Global Insurance Company; or
- b) Cigna Worldwide Life Insurance Company Limited; or
- c) Cigna Europe Insurance Company S.A.-N.V. (Swiss Branch); or
- d) Cigna Life Insurance Company of Europe S.A.-N.V.; or
- e) Cigna Europe Insurance Company S.A.-N.V. (Singapore Branch)



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