

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	
<p>If you have answered yes in section 6, please give details below:</p> <p>Full name</p> <p>Policy number</p> <p>Address of insurance company</p>			

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 Available payment method for reimbursement				Bank Wire Transfer
10 Please provide your bank details below:				
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:		

*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
EXAMINATIONS				
A01	Normal			
A11	Extensive			
A21	Full Case Assessment			
X-RAYS				
B01	Bitewing			
B02	Intra Oral			
B03	O.P.G.			
SCALING AND POLISHING				
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
FILLINGS				
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			
ROOT CANAL TREATMENT				
H01	Upper and lower anterior (1 root)			
H02	Upper premolar (2 roots)			
H03	Lower premolar (1 root)			
H04	Molars (3+ roots)			
EXTRACTIONS				
L01	Single			
L02	Per additional tooth			
N11	Post-operative care			

MAJOR TREATMENT				
CODE	TREATMENT	NO OF UNITS	DATE OF TREATMENT	CHARGE TO PATIENT
PERIODONTAL TREATMENT (NON-SURGICAL)				
E21	Prolonged (curettage/root planing)			
F51	Splinting			
PERIODONTAL TREATMENT (SURGICAL)				
F01	Gingivectomy			
F11	Mucoperio, flap bone surgery			
DENTURES - METAL/ACRYLIC				
R63	Additional tooth			
R61	Addition of clasp			
K71	Denture repair			
CROWNS/BRIDGES				
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			
INLAYS				
K02	Precious			
K01	Non-precious			
K03	Porcelain			

TOTAL

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 contracting entity from those listed below will be detailed in your Policy Rules and Certificate of insurance.

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



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