

## Dental claim form

PATIENT'S DETAILS				
<b>To be completed by the beneficiary or his/her legal representative</b>				
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 <input type="checkbox"/> No <input type="checkbox"/>				
If you have answered yes in section 6, please give details below: Full name Policy number Address of insurance company				
PAYMENT DETAILS				
<b>To be completed by the beneficiary or his/her legal representative</b>				
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 <input type="checkbox"/> Bank Wire Transfer <input type="checkbox"/>				
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:

**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				
<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				
<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			

**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 you 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)