CIGNA Dental – Oral Health Maternity Benefit Form

For reimbursement under the CIGNA Dental Oral Health Maternity Program[SM]

Program Details

The **CIGNA Dental Oral Health Maternity Program**[SM] enhances dental benefits for expectant members with CIGNA dental coverage. Beginning 1/1/06, eligible members may receive 100% reimbursement of copay or coinsurance for these services performed during pregnancy:

- periodontal scaling and root planing
- periodontal maintenance
- treatment of inflamed gums around wisdom teeth
- frequency limitation for cleanings waived to include an additional cleaning

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 Oral Health Maternity Benefit Form
- ☐ 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

PATIENT DATE OF BIRTH

EXPECTED DUE DATE

D. Dentist Information

DENTIST NAME	ADDRESS
PHONE NUMBER	CITY, STATE, ZIP CODE

E. Claim Information

DATE(S) OF DENTAL SERVICES	AMOUNT PAID TO DENTIST

DENTAL PROCEDURE(S) PERFORMED:

- ☐ **D0120** – Periodic Oral Evaluation
- ☐ **D0140** – Limited Oral Evaluation
- ☐ **D0150** – Comprehensive Oral Evaluation
- ☐ **D0180** – Periodontal Evaluation
- ☐ **D1110** – Prophylaxis – Adult (Cleaning)
- ☐ **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
- ☐ **D9110** – Palliative Treatment

F. Certification

I certify that I was pregnant and covered by CIGNA Dental at the time these services were received. I understand this submission does not guarantee payment and the plan maximums may apply.

PATIENT SIGNATURE (REQUIRED)	DATE

"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.

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