Orthodontics in Progress Information Form

CIGNA Dental

1 *Employee Information*

Employer/Company Name | *Effective Date of Coverage* | *Group Number*

Employee Name | *Social Security Number*

Street Address

City | *State* | *Zip*

Home Phone ( ) | *Business Phone* ( )

Patient's Name ☐ *Spouse* ☐ *Child* ☐ *Self*

I authorize the release of my dental treatment information and/or records to any CIGNA Company for plan administration purposes.

Employee Signature **X** | *Date*

2 *Orthodontist Information* *(to be provided by or completed by the orthodontist)*

Orthodontist's Name

Street Address

City | *State* | *Zip*

Business Phone ( )

Orthodontist Case Information*

Is this Phase 1 (Interceptive) Treatment? *(Removable or fixed appliance treatment)* . . . . ☐ *Yes* ☐ *No* Braces on: ☐ *upper* ☐ *lower* ☐ *both*

Is this fully banded case? *(Braces on both upper and lower teeth)* . . . . . ☐ *Yes* ☐ *No*

Your Orthodontist's Total Fee: . . . . . $ _____

Your Initial Down Payment: . . . . . $ _____

Your Monthly Payment: . . . . . $ _____

What are the total number of months of treatment planned? . . . . . _____ *Months*

What is the banding *(braces)* *date?*. . . . . _____/_____/_____

Orthodontist Signature *(If completed by orthodontist)* **X** | *Date*

* If this information varies from the information reported by your orthodontist on the Specialty Referral form which will be provided after your enrollment, the information on the Specialty Referral form will apply and your total CIGNA Dental contribution may differ.

3 *CIGNA Dental* *(to be provided or completed by CIGNA Dental)*

CIGNA Dental's contribution for_____number of months of treatment remaining (excluding retention) on Patient Charge

Schedule_____is $_____ .

CIGNA Dental Member Services Specialist *(Name)* **X** | *Date*

PROCESS:

YOUR ORTHODONTIST MUST COMPLETE THIS FORM AND RETURN IT TO CIGNA DENTAL FOR PAYMENT PROCESS TO BEGIN.

Please return the completed form to CIGNA Dental at the office below. You will receive confirmation of CIGNA Dental's contribution. Call Member Services at 1.800.CIGNA24 (1.800.244.6224) for more information.

CIGNA Dental
P.O. Box 188045
Chattanooga, TN 37422-8045

Is someone in your family being treated by an Orthodontist?

If a member of your family is in the midst of orthodontic treatment and you have been offered the CIGNA Dental Care Plan, you may be eligible for some orthodontic contribution from CIGNA Dental. "Orthodontics in Progress" is available for either *interceptive OR comprehensive* treatment when your dental coverage becomes effective.

Q. **What if I already have a financial agreement with my orthodontist?**

A. Your enrollment in CIGNA Dental Care does NOT modify any obligation you may have under any agreement you executed with an orthodontist prior to your enrollment, even if the orthodontist participates in the CIGNA Dental Care network.

Q. **Will the CIGNA Dental Care Plan lower my orthodontic expense?**

A. Maybe. The CIGNA Dental contribution, if any, is a pre-determined amount which is based on the benefit selected by your group and the number of months (excluding the months for retention) remaining at your effective date to complete your interceptive or comprehensive treatment.

Q. **How can I find out about my specific situation?**

A. Simply fill out the form on the other side of this page and return it to us. We will send you back a determination of our contribution, if any. **Call Member Services for more detailed information.** You must know the number of months remaining in your treatment plan after your effective date and the Patient Charge Schedule your group has chosen.

Q. **Will the orthodontic fees on the Patient Charge Schedule apply to Orthodontics in Progress?**

A. No. The fees on your Patient Charge Schedule do not override any prior fee arrangement you entered into for either the interceptive OR comprehensive phase of treatment that is in progress on your effective date.

Q. **Will the patient charge for retention on the Patient Charge Schedule apply?**

A. No. Our contribution level takes the cost of retention into consideration.

Q. **How will the CIGNA Dental contribution be made?**

A. A portion of our contribution will be paid quarterly to your orthodontist.

Q. **What if I started interceptive treatment before I became effective in CIGNA Dental Care and finish the treatment a few months after my effective date, and then I need to begin comprehensive orthodontic treatment?**

A. *For the orthodontic fee on the Patient Charge Schedule to apply to comprehensive treatment, you MUST be treated by a Network Orthodontist.* CIGNA Dental considers interceptive and comprehensive treatment as two distinct phases of orthodontic treatment. The CIGNA Dental Care orthodontic benefit is a total of 24 months of interceptive and/or comprehensive treatment while your coverage is in effect. If you started interceptive treatment before your effective date, any amount that CIGNA Dental Care contributes will be based on the number of months of interceptive treatment remaining when your coverage becomes effective. *Therefore, after you complete interceptive treatment, your orthodontic benefit for comprehensive treatment by a Network Orthodontist will be for 24 months LESS the number of months of interceptive treatment remaining after your effective date in the CIGNA Dental Care Plan.*

Questions? Call Member Services at 1.800.CIGNA24 (1.800.244.6224)

"*DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.