CIGNA Dental Orthodontic Treatment Plan Form

This Orthodontic Treatment Plan form is required for reimbursement. The orthodontist needs to complete and sign this form and submit it to CIGNA along with an itemized bill.

Commencement of orthodontic treatment begins the date the braces are placed on your teeth. Orthodontists typically require a down payment and collect the balance of their fees over the duration of the treatment. For claims ¼ (25%) of the entire treatment plan charge will be reimbursed under the benefit formula. The balance of the charges ¾ (75%) will be reimbursed monthly by the plan over the period of treatment. Benefit checks will be sent monthly until the treatment plan is finished or coverage terminates.

For orthodontic claims that began before the effective date of an employee's coverage, the remaining monthly charges will be reimbursed as treatment is received. If the patient paid the entire bill before the effective date of the employee's coverage, no benefits are payable. This is because there are no expenses to be reimbursed after the individual became eligible for benefits.

Patient Information – To Be Completed by the Employee

Employee Name:	**Employer:**
Patient Name:	
Address:	
Telephone #	**Employee SS#:**
Records Date & Charge:	**Date braces placed on teeth:**
Down Payment Charge:	**Date of Down Payment:**
Date treatment is expected to terminate:	
Total charge for treatment plan:	
Monthly maintenance fee:	**Total # of monthly payments:**
Are benefits to be assigned? Yes ☐ No ☐	
Employee Signature:	

Information on the Orthodontist

Name:	
Address:	
Fax #:	**E Mail Address:**
Telephone #	**Tax ID #:**
Orthodontist Signature:	**Date:_____/_____/_____**

Mail to: CIGNA Dental, PO Box 188037, CHATTANOOGA, TN 37422-8037