Your patient's pre-treatment request

GET PAID FASTER

Take advantage of direct deposit (electronic funds transfer), now available for all of your Cigna payments - DHMO, DPPO, and indemnity. Enroll today by logging in to CignaforHCP.com > Working With Cigna > Enroll in Electronic Funds Transfer (EFT) Options. You can also access all of your claim payment, financial and office management reports online. Simply log into CignaforHCP.com > Payments or Reports.

We've redesigned CignaforHCP.com with YOU in mind.

The website still contains all of the patient and claim information you're used to. But, now it is easier to use and offers new features such as flagging and auto-save to make your work easier and save time. Log in and try it today!

Claim details

The amounts provided here are estimates for the dental treatment your patient has requested and do not guarantee payment. Please enter the service date for each treatment listed and return to: P.O. BOX 188037  CHATTANOOGA, TN 37422.

PATIENT NAME: JANE DOE   CUSTOMER NAME: JANE DOE  PATIENT ID: U99999999
HEALTH CARE PROFESSIONAL NAME: DENTIST or DENTAL OFFICE NAME    HEALTH CARE PROFESSIONAL ID: 000000000    GROUP NAME: ACCOUNT NAME
GROUP #: 0000000    DOCUMENT #: D000000000000   CLAIMANT #: 01     CLAIM #: 003     PAYMENT #: 000     PROCESSED DATE: Mar 31, 2016

<table>
<thead>
<tr>
<th></th>
<th>AMOUNT YOU CHARGE ($)</th>
<th>YOUR CONTRACTED AMOUNT ($)</th>
<th>AMOUNT ELIGIBLE FOR COVERAGE BY THE PLAN ($)</th>
<th>PATIENT DEDUCTIBLE ($)</th>
<th>REMAINING BALANCE ($)</th>
<th>THE PLAN COVERS (%)</th>
<th>($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For service on</td>
<td>330.00</td>
<td>188.00</td>
<td>188.00</td>
<td>0.00</td>
<td>188.00</td>
<td>90%</td>
<td>169.20</td>
</tr>
<tr>
<td></td>
<td>330.00</td>
<td>188.00</td>
<td>188.00</td>
<td>0.00</td>
<td>188.00</td>
<td>90%</td>
<td>169.20</td>
</tr>
</tbody>
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Any person who knowingly and with intent to defraud any insurance company or other person, files a statement containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

* Current Dental Terminology © American Dental Association
In the event a claim is denied...

Right of Review – For Provider

If you have a contractual agreement with Cigna Dental, please refer to the procedural guidelines associated with your Cigna Dental contract, or call our office for assistance.

If you have questions or disagree with the payment identified on this Explanation of Benefits (EOB) statement, you may ask to have it reviewed.

If coverage has been denied on the basis of Medical Necessity, please refer to the participant’s plan documents for the definition and requirements regarding medical necessity determinations.

Definitions

Amount You Charge: Amount charged for the services.
Your Contracted Amount (if present): Cigna Dental has negotiated a reduced fee for participating dentists. The negotiated amount is printed in this column if the health care professional is a Cigna Dental participating dentist, otherwise zeros will appear.

Amount Eligible for Coverage by the Plan: Part of the "Amount You Charge" or "Your Contracted Amount" (if present) eligible for coverage under the plan. This amount is used to help calculate how much will be paid by the plan.

Patient Deductible: Portion of the "Amount Eligible for Coverage by the Plan" that would be applied towards the deductible.

Remaining Balance: "Amount Eligible for Coverage by the Plan" minus "Patient Deductible".

Plan Covers (%,$): The amount (percentage and dollar amounts, respectively) of the "Amount Eligible for Coverage by the Plan" payable by the benefit plan.
**Claim details - continued**

<table>
<thead>
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<th>PATIENT DEDUCTIBLE ($)</th>
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<th>THE PLAN COVERS ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For service on <em><strong><strong>/</strong></strong></em>/_____/ (mm/dd/yyyy) : D4342* for Tooth#/Quad/Arch: UR (see note PR)</td>
<td>330.00</td>
<td>133.00</td>
<td>133.00</td>
<td>0.00</td>
<td>133.00</td>
<td>90%</td>
</tr>
<tr>
<td>$990.00</td>
<td>$509.00</td>
<td>$509.00</td>
<td>$0.00</td>
<td>$509.00</td>
<td>$458.10</td>
<td></td>
</tr>
</tbody>
</table>

Amount to be paid by the plan $458.10
Customer's estimated responsibility $50.90

**Notes**

PR – Benefits have been reduced to reflect less than the full quadrant allowance.

**Additional remarks**

Thank you for using a Cigna Dental healthcare professional. The amount eligible for coverage is determined by the Cigna Dental negotiated amount and the customer’s benefit plan. The difference between the submitted charges and the negotiated amount is not the patient’s responsibility.

To the Member: Our records indicate that you have authorized us to pay benefits to your dentist.

Receipt of this pre-treatment request may not guarantee payment. Actual benefits will be determined when the services are completed and submitted for payment. The amount payable for the services listed may be different or may be reduced to zero due to circumstances, including but not limited to, the following:

(a) the participant is not eligible
(b) different dental services were completed and submitted for payment
(c) plan benefits are modified
(d) the benefits of this plan are coordinated with the benefits of another plan
(e) treatment begins during a patient’s waiting period exclusion or late entrant provision
(f) frequency limits or annual maximum were reached after the pre-treatment estimate was prepared.