

# Cigna Dental Specialty Referral Form



REFERRAL TYPE: (Check one) <input type="checkbox"/> EN <input type="checkbox"/> OS <input type="checkbox"/> PE <input type="checkbox"/> PD		REFERRAL #:	DATE:	1.800.342.5234 1.800.DIAL.CDH	
CONTRACT HOLDER		SPECIALTY DISCOUNT PLAN * (See Footnote) <input type="checkbox"/> Yes <input type="checkbox"/> No	PT. CHG. SCH.	REFERRING DR.	DENTAL OFF. #
ALTERNATIVE PARTICIPANT IDENTIFIER (AMI #)		PATIENT'S BIRTH DATE		SPECIALIST NAME	
PATIENT		RELATIONSHIP: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		LICENSE #	DENTAL OFF. #
STREET		STREET			
CITY		STATE	ZIP	CITY	STATE ZIP PHONE ( )
PHONE: Home ( ) Work ( )		REASON FOR REFERRAL (Include tooth # or area(s)):			
DOES PATIENT HAVE ANOTHER DENTAL COVERAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No					
COMPANY (Carrier)	POLICYHOLDER				

**SEND CLAIM TO: Cigna Dental, P.O. Box 188045, Chattanooga, TN 37422-8045**

I understand that only those services which meet Cigna Dental Care referral guidelines will be authorized for payment. Certain procedures may require a patient payment in accordance with the applicable Patient Charge Schedule for the group. I understand that the fees listed are based on current coverage. Payment responsibility may change if the Patient Charge Schedule changes or if coverage has terminated prior to the service treatment date. All fees correspond to the Patient Charge Schedule in effect on the date the procedure is initiated and preauthorization is valid for a MAXIMUM of 90 days. Referral authorization is not a guarantee of payment. *This form must be attached to the claim form and submitted within 12 months from the date of service.*

SIGNATURE OF PATIENT	SIGNATURE OF REFERRING DOCTOR
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**\*SPECIALTY DISCOUNT PLAN - I understand that payment for care received from a Network Specialty Dentist is not provided by Cigna Dental Care for these plans. I am entitled to pay at the Contract Fees negotiated by Cigna Dental rather than the Network Specialty Dentists' usual fees. Under these plans, referrals and preauthorization for payment by Cigna Dental are not necessary for care received at a Network Specialty Dentist. Cigna Dental will not make payments toward this treatment.**

SIGNATURE OF PATIENT
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14420f Rev. 04/2013

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