



## Medicare Advantage Dental Reimbursement Form

This form is for requesting reimbursement for dental services you received and paid for out-of-pocket. You'll need to fill out the below information and mail this form along with proof of payment/receipt and an itemized statement. Your dentist should provide you proof of payment/receipt and an itemized statement upon request.

**Make sure the itemized statement includes:**

- Date of service
- Amount paid for services
- Name of dental provider
- ADA codes and/or description of services rendered

Your completed and signed form, proof of payment, and itemized statement should be sent to one of the below addresses based on your dental benefit. Call us at the number below or use your Cigna Healthcare ID card to find your dental benefit. Once we have received your form, it can take up to 60 days to process.

**For Cigna Healthcare  
Dental Allowance Plans, mail to:**

Cigna Healthcare Dental – Reimbursement  
PO Box 188037  
Chattanooga, TN 37422-8037

**For Cigna Healthcare  
Dental DHMO Plans mail to:**

Cigna Healthcare Dental – Reimbursement  
PO Box 188045  
Chattanooga, TN 37422-8045

**Section 1: Member Information (please print)**

Member Name: \_\_\_\_\_ Member Date of Birth: \_\_\_\_\_

Cigna Healthcare Member ID Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Reason for Submission: \_\_\_\_\_

**Section 2: Dental Provider Information (please print)**

Dental Provider Name (**NOT** office name): \_\_\_\_\_

Dental Provider Address: \_\_\_\_\_

Dental Provider NPI: \_\_\_\_\_ Dental Provider Tax ID: \_\_\_\_\_

**Section 3: Member Signature**

By signing below, I certify that the above information is true, and the enclosed information is correct and unaltered. I certify that these expenses have not been previously reimbursed in this current benefit year and understand that reimbursement will occur in accordance with my plan's benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you need help or have any questions, please contact Cigna Healthcare Dental Customer Service at <1-866-213-7295 (TTY 711), October 1 – March 31, 8 a.m. – 8.p.m. local time, seven days a week, and April 1 – September 30, 8 a.m. – 8.p.m. local time, Monday – Friday.>

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group. The Cigna names, logos, and marks, including THE CIGNA GROUP and CIGNA HEALTHCARE, are owned by Cigna Intellectual Property, Inc.