

## *Facsimile Transmission Cover Sheet*



DATE: 2022/11/15 08:14:38

FAX #: 12813775369

FROM: Cigna

SUBJECT: ala fax request

TOTAL NUMBER OF PAGES (INCLUDING THIS PAGE): 6



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CSA LAN ID: c7h6nh

Date & Time Call: 11/14/2022----11:41am

Patient's AMI:U71706854-01

Patient name:MAURO FERNANDEZ

DOS:10/12/2022

DCN: E222906209930

Fax Number:2813775369

Attention: marcelino



**Cigna Dental**  
Cigna Health and Life Insurance Company  
P.O. BOX 188037  
CHATTANOOGA, TN 37422



As administrator for UNITED AIRLINES, INC. 3173544

**THIS IS NOT A BILL**

MAURO FERNANDEZ  
21609 DUKE ALEXANDER DR  
KINGWOOD, TX 77339-1764

FOR CUSTOMER SERVICE:

**1.800.Cigna24 (1.800.244.6224)**  
or visit **www.myCigna.com**

*Please have your patient ID (U7170685450) or the employee's social security number available when calling Customer Service, visiting your health care professional, or writing to us.*

## Your explanation of dental benefits ( for the claim processed on Oct 18, 2022 )

### Your current account summary

\$0 has been applied towards your \$50 network individual deductible  
\$0 has been applied towards your \$50 out of network individual deductible  
\$0 has been applied towards your \$150 network family deductible  
\$0 has been applied towards your \$150 out of network family deductible  
\$725 has been applied towards your \$2,500 network individual maximum  
\$725 has been applied towards your \$2,500 out of network individual maximum  
\$0 has been applied towards your \$2,500 lifetime ortho maximum  
\$0 has been applied towards your \$1,000 lifetime ortho maximum

*The balances shown above are as of Oct 18, 2022, the day the claim was finalized.  
However, the balances on the website are updated daily, so the balances shown here  
may not match those listed on your participant website at myCigna.com.*

### Your payment summary

Paid to:	TYMES HEALTHCARE COMPANY PLLC
Amount:	\$151.00

## Federal rights of review and appeal

If you have any questions about this explanation of benefits, please call Customer Service at the toll-free number on the front of this form.

Please follow the steps below to make sure that your appeal is processed in a timely manner.

- If you're not satisfied with this coverage decision, you can start the Appeal process by submitting a written request to the address listed: Cigna Appeals Unit PO Box 188044 Chattanooga, TN 37422 within 180 days of receipt of this EOB (unless a longer time frame is provided by applicable state law or permitted by your plan).
- Send a copy of this explanation of benefits along with any relevant additional information (e.g. benefit documents, medical records) that helps to determine if your claim is covered under the plan. Contact Customer Service if you need help or have further questions.
- Be sure to include:
  - 1) Your name,
  - 2) Account number from the front of this form,
  - 3) ID Number from the front of this form,
  - 4) Name of the patient and relationship and
  - 5) "Attention: Appeals Unit" on all supporting documents
- Contact Customer Service at the number on the front of this form to request access to and copies of all documents, records, and other information about your claim, free of charge.
- You will be notified of the final decision in a timely manner, as described in your plan materials. If your plan is governed by ERISA, you may also bring legal action under section 502(a) of ERISA following our review and decision.

If you are covered by more than one health benefit plan, you should file all your claims with each plan.

## Definitions

- **Amount Your Health Care Professional Charged:** Amount charged for the services.
- **Your Health Care Professional's 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 Your Plan:** Part of the "Amount Your Health Care Professional Charged" or "Your Health Care Professional's Contracted Amount" (if present) eligible for coverage under your plan. This amount is used to help calculate how much will be paid by your plan.
- **Your Deductible:** Portion of the "Amount Eligible for Coverage by Your Plan" that is applied towards your deductible.
- **Remaining Balance:** "Amount Eligible for Coverage by Your Plan" minus "Your Deductible".
- **Your Plan Covered (%,\$):** The amount (percentage and dollar amounts, respectively) of the "Amount Eligible for Coverage by Your Plan" that your plan paid.



**Your explanation of dental benefits** ( for the claim processed on Oct 18, 2022 )

**THIS IS NOT A BILL**

**Make the most of your dental benefits. Log on to myCigna.com today!**

Finding a dentist is easy as 1-2-3 with myCigna.com. Log on and:

1. Find providers by specialty, language, name or address.
2. Read verified patient reviews and estimate costs for a variety of procedures.
3. Schedule an appointment.

It's quick and easy to log on. First-time users will need to sign-up for an account and provide an email address. This way we can send you important information about your dental plan.

Availability varies by dentist and plan type. Brighter, Inc., an independent company, provides the experience ratings, reviews, and appointment scheduling information. Directory features should not be the sole basis for choosing a dentist and do not guarantee quality of care. Dentists participating in the network are independent contractors, not agents of Cigna, and are solely liable for the treatment they provide.

If you'd like information on how much the customer has met towards their accumulators (e.g., deductibles), please visit our website at [cignaforhcp.com](http://cignaforhcp.com) or contact Customer Service.

**Your claim details**

PATIENT NAME: **MAURO FERNANDEZ** PATIENT'S RELATIONSHIP TO SUBSCRIBER: SUBSCRIBER SUBSCRIBER NAME: MAURO FERNANDEZ PATIENT ID: U71706854  
HEALTH CARE PROFESSIONAL NAME: TYMES HEALTHCARE COMPANY PLLC GROUP NAME: UNITED AIRLINES, INC. PROVIDER NETWORK STATUS:  
OUT OF NETWORK GROUP #: 3173544 DOCUMENT #: E222906209930 CLAIMANT #: 01 CLAIM #: 005 PAYMENT #: 001 POLICY CODE: 09  
DIVISION: 032 RECEIVED DATE: Oct 17, 2022 PROCESSED DATE: Oct 18, 2022

AMOUNT YOUR HEALTH CARE PROFESSIONAL CHARGED (\$)	YOUR HEALTH CARE PROFESSIONAL'S CONTRACTED AMOUNT (\$)	AMOUNT ELIGIBLE FOR COVERAGE BY YOUR PLAN (\$)	YOUR COPAY/ DEDUCTIBLE (\$)	REMAINING BALANCE (\$)	YOUR COINSURANCE (\$)	YOUR PLAN COVERED	
						(%)	(\$)
For service on Oct 12, 2022: Periodontal Maint. Cleaning s*							
151.00	0.00	151.00	0.00	151.00	0.00	100%	151.00
<b>\$151.00</b>	<b>\$0.00</b>	<b>\$151.00</b>	<b>\$0.00</b>	<b>\$151.00</b>	<b>\$0.00</b>		<b>\$151.00</b>
Amount paid by your plan						\$151.00	
Customer's responsibility						<b>\$0.00</b>	

### Additional Information related to the Patient Protection and Affordable Care Act of 2010

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, You can contact your provider directly or you can print and fill out the request form and send it back to Cigna. Go to [Cigna.com](http://Cigna.com) and click "Find a Form" at the bottom of the page. Choose "Privacy Forms," then "Cigna Health Care Privacy Forms." Print the Request for Diagnosis and Treatment Code Information form. If you have difficulty accessing the form, call Customer Service at the toll-free number listed on the back of your Cigna ID card.

If you don't agree with our final internal review of your claim, you may be able to ask for an independent external review. Your plan and any state or federal requirements determine whether your claim is eligible for external review. For questions about your appeal rights or for assistance, call the Employee Benefits Security Administration at 1-866-444-EBSA(3272) or go online to [www.askebsa.dol.gov](http://www.askebsa.dol.gov). Your state may also offer a consumer assistance or an Ombudsman program to help you. Go online to [mycigna.com](http://mycigna.com), click on the Legal Disclaimer link at the bottom of the page, and select "State Ombudsman/Consumer Assistance Programs" from the drop down menu. If you have difficulty accessing the website, call Customer Service at the toll-free number listed on the back of your Cigna ID card.

If you have difficulty reading English, we offer language assistance. For help please call the Customer Service number on your ID card.

Si tiene problemas para leer el texto en inglés, le ofrecemos asistencia de idiomas. Para obtener ayuda, por favor, llame al número de Servicio al cliente que figura en su tarjeta de identificación.

Si vous avez des difficultés à lire l'anglais, nous offrons une assistance linguistique. Pour toute aide, veuillez composer le numéro du Service à la clientèle qui se trouve sur votre carte d'identification.

Für den Fall, dass Sie den englischen Text nicht verstehen, bieten wir mehrsprachige Unterstützung an. Rufen Sie in diesem Fall bitte die auf Ihrer Versicherungskarte angegebene Kundenservice-Nummer an.

Kung nahirapan ka sa pagbabasa ng wikang Ingles, nag-aalok kami ng tulong sa wika. Para sa tulong pakitawagan ang numero ng Serbisyo ng Customer sa iyong ID card.

如果對您來說閱讀英文會有困難，我們可以提供您語言協助。欲取得協助，請撥打會員卡上的客戶服務電話號碼。

Bilagaana Bizaad wolta' nil nanitl'ahgo, saad bee nika'a'doowohigii holo'. Aká'a'ayeed biniiyé t'áá shóqdi aká'anidaalwo'go dabinaanishigii bich'i' hodílnih éi naaltsoos bee nee hózinigíi bikáa'gi bibéesh bee hane'é yisdzoh.