



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



Page 1 of 3
170206230

THIS IS NOT A BILL
Direct deposit advice
\$326.81 has been deposited
into your account.

CHOICE DENTAL FENTON
6940 KATY GASTON RD
STE 200
KATY, TX 77494-6480

FOR CUSTOMER SERVICE:

1.800.Cigna24 (1.800.244.6224)
or visit www.cignaforhcp.com

Please have the patient ID or the employee's
social security number available when calling
Customer Service or writing to us.

YOUR PAYMENT SUMMARY

Payment to: CHOICE DENTAL FENTON
Payment amount: \$326.81
Payment date: SEP 23, 2024
Payment number: 170206230

Explanation of dental payment

Get paid faster and manage all your Cigna claims electronically!

Enroll in Cigna's EFT program by logging in to CignaforHCP.com-Working with
Cigna-Enroll in Electronic Funds Transfer (EFT) options or thru the Council for
Affordable Quality Health Care (CAQH) website: <https://solutions.CAQH.org>.

Enroll in Zelis payments* to receive and manage your Cigna payments and multiple
accounts with additional payers through EFT/ Automated Clearing House (ACH) or
via a Virtual Credit Card (VCC). For more information call 1.855.496.1571 or visit
www.zelispayments.com. *Fees will apply

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 or
contact Customer Service.

Claim details

PATIENT NAME: JOHN O'BRIEN SUBSCRIBER NAME: AMERICAN AIRLINES PATIENT'S RELATIONSHIP TO SUBSCRIBER: SUBSCRIBER PATIENT
ID: 990902745 HEALTH CARE PROFESSIONAL NAME: CHOICE DENTAL FENTON PROVIDER NETWORK STATUS: NETWORK HEALTH CARE PROFESSIONAL
ID: 990902845 GROUP NAME: GROUP #: DOCUMENT #: D242616168790 CLAIMANT #: 01 CLAIM #: 001 PAYMENT #: 001
RECEIVED DATE: Sept 17, 2024 PROCESSED DATE: Sept 18, 2024 Administrative Services Only - ERISA

AMOUNT YOU CHARGED (\$)	YOUR CONTRACTED AMOUNT (\$)	AMOUNT ELIGIBLE FOR COVERAGE BY THE PLAN (\$)	PATIENT COPAY/ DEDUCTIBLE (\$)	REMAINING BALANCE (\$)	PATIENT COINSURANCE (\$)	THE PLAN COVERED	
						(%)	(%)
For service on Sept 16, 2024: D0150*							
136.00	81.85	81.85	0.00	81.85	0.00	100%	81.85
For service on Sept 16, 2024: D0210*							
189.00	139.37	139.37	0.00	139.37	0.00	100%	139.37

Continued

In the event a claim is denied...

Federal 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.

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

Definitions

Administrative Service Only - ERISA: The Employee Retirement Income Security Act of 1974 (ERISA) sets standards for private sector retirement and health plans. ERISA governs most Administrative Services Only (ASO) plans.

Amount You Charged: 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 Charged" 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 is applied toward the deductible.

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

Plan Covered (%,\$): The amount (percentage and dollar amounts, respectively) of the "Amount Eligible for Coverage by the Plan" paid by the plan.



Explanation of dental payment

THIS IS NOT A BILL

Claim details - continued

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For service on Sept 16, 2024: D1110*							
134.00	105.59	105.59	0.00	105.59	0.00	100%	105.59
\$459.00	\$326.81	\$326.81	\$0.00	\$326.81	\$0.00		\$326.81

Amount paid by the plan \$326.81
Customer's responsibility \$0.00

Additional remarks

Thank you for using a GEHA Connection Dental Network Healthcare Professional. The amount eligible for coverage is determined by the GEHA Connection Dental Network negotiated amount and the customer's benefit plan. The difference between the submitted charges and the negotiated amount is not the patient's responsibility.