Cigna

Dental DHMO (Front) ID CARD FEATURES

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Description of ID card fields:

- 1 Cigna Dental logo
- **2** Client logo (if applicable)
- **3** Client name (if applicable)
- 4 ACCESS PLUS NETWORK-DENTAL CARE
- **6** Customer ID
- 6 Group ID
- Coverage Level
- 8 Effective date
- 9 Dental Office (This is a Georgia requirement to display the dental office on the ID card. WILL IMPLEMENT ONLY ON GA Id card)
- 10 Plan Contact Information
- Cigna Website
- 12 Customer and/or Dependent Names
- 13 Mycigna.com website information

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	_\ CL	IENT NAME -	006	
	ACCESS F	PLUS NETWORK	-DENTAL CARE	Cigna
Subscriber T93127438	ID Group 19999		ge Effective D 01-01-2003	
Dental Office: HEALTHY SMILES Call this number to schedule an appointment: 555.551.5511				
Call this number to schedule an appointment: 555.551.5511				
Account Website: www.accountwebsite.com				
T93122847 01 T93122847 T93122847 T93122847 T93122847	GREEN, A	ALISSA 12 NICHOLAS	EE CH CH CH	ł ł
				13

Actual size of ID card

GA requirements

- Customer and dependents names on ID cards
- ID number
- Effective date

Other features

- Font size cannot be altered (made smaller)
- Static labels **except** product disclaimer to be in blue color as shown on ID card depiction



Dental DHMO (Back) ID CARD FEATURES

Description of ID card sample:

- 14 Eligibility disclaimer
- Claim Address
- DHMO Product Disclaimer
- EDI Submitter no. 62308
- 18 Catalog number

GA Requirements

- Customer and dependents names on ID cards
- ID number
- Effective date

Other features

- Font size cannot be altered (made smaller)
- Static labels except product disclaimer to be in blue color as shown on ID card depiction

This card does not guarantee eligibility for benefits

If required, mail referral forms to the following Cigna Dental location: Cigna Dental P.O. Box 188037 Chattanooga, TN 37422-8037

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DEDI Submitter No: 62308

Catalog number

Actual size of ID card

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