



CHRISTIANE NASR,52GM1866278130102 ⓘ
 Effective from : 01-Oct-2023to 30-Sep-2024at Cigna
 Required Treatment is Dental
 Reference No: R-000000256534645
 Request Date: 29-Aug-2024 16:55:20



Eligible

Comprehensive [Applicable Tariff: Comprehensive Network]

Copayment : 20%

- > Referral required **No referral required for specialist consultation**
- > Copay 50% applicable for :Orthodontics Treatment, Class III

Approval Requirements

Approval required for all treatment related to:
 Acute Drugs, Class I, Class II, Class III, Orthodontics Treatment

Attachments

- Pre-Auth protocols
- Consultation / Claim Form
- Prescription Form

Ask for Authorization

Referral Document