



SARA MUSTAFA,52GM02645468498 ⓘ  
 Effective from : 01-Oct-2023to 30-Sep-2024at Cigna  
 Required Treatment is Dental  
 Reference No: R-000000257059999  
 Request Date: 02-Sep-2024 10:32:50



Eligible

Comprehensive Network [Applicable Tariff:  
 Comprehensive Network]

- > Referral required **No referral required for specialist consultation**
- > Copay 20% applicable for :Acute Drugs, Class II
- > Copay 50% applicable for :Class I, Class III

Approval Requirements

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

Attachments

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

Ask for Authorization

Referral Document