



SHERIHAN KHALIL,52GM10642035355 ⓘ
 Effective from : 01-Oct-2024to 30-Sep-2025at Cigna
 Required Treatment is Dental
 Reference No: R-000000266821048
 Request Date: 31-Oct-2024 10:13:59



Eligible

+ Comprehensive Network [Applicable Tariff:
 Comprehensive Network]

Copayment : 20%

> Referral required **No referral required for specialist
 : consultation**

✓ 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