



HAISAM MUSTAFA, 784-1981-6734974-9 [\(i\)](#)
Effective from : 14-Mar-2024 to 13-Mar-2025 at Cigna
Required Treatment is Dental
Reference No: R-000000289184998
Request Date: 08-Mar-2025 12:39:10



Eligible

Comprehensive Network [Applicable Tariff: Comprehensive Network]

Copayment : 20%

› Referral required **No referral required for specialist consultation**

› Copay 50% applicable for : Orthodontics Treatment

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