



HAISAM MUSTAFA,784-1981-6734974-9 ⓘ
Effective from : 14-Mar-2024to 13-Mar-2025at 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