

Authorisations, claims and reimbursements:

Three processes demystified, so you know what happens before, during, and after treatment.



Health insurance works in stages: before care (approvals), during care (billing), and after (reimbursement). Understanding how each stage works helps you avoid delays, choose the right payment method, and recover costs when needed.

Stage 1

Authorisations: Approval before treatment

An authorisation (also called pre-approval or Guarantee of Payment) is confirmation from Cigna Healthcare that a planned treatment is covered and eligible for payment.

- ✓ **When needed:** Planned hospital admissions, surgery, certain tests, specialist care, and high-cost treatments.
- ✓ **Who requests it:** Usually the healthcare provider; you may need to request it yourself if paying privately or using out-of-network care.
- ✓ **Why it matters:** Confirms coverage in advance and clarifies what you'll pay out-of-pocket.



Stage 2

Direct billing vs. reimbursement: Two ways to claim

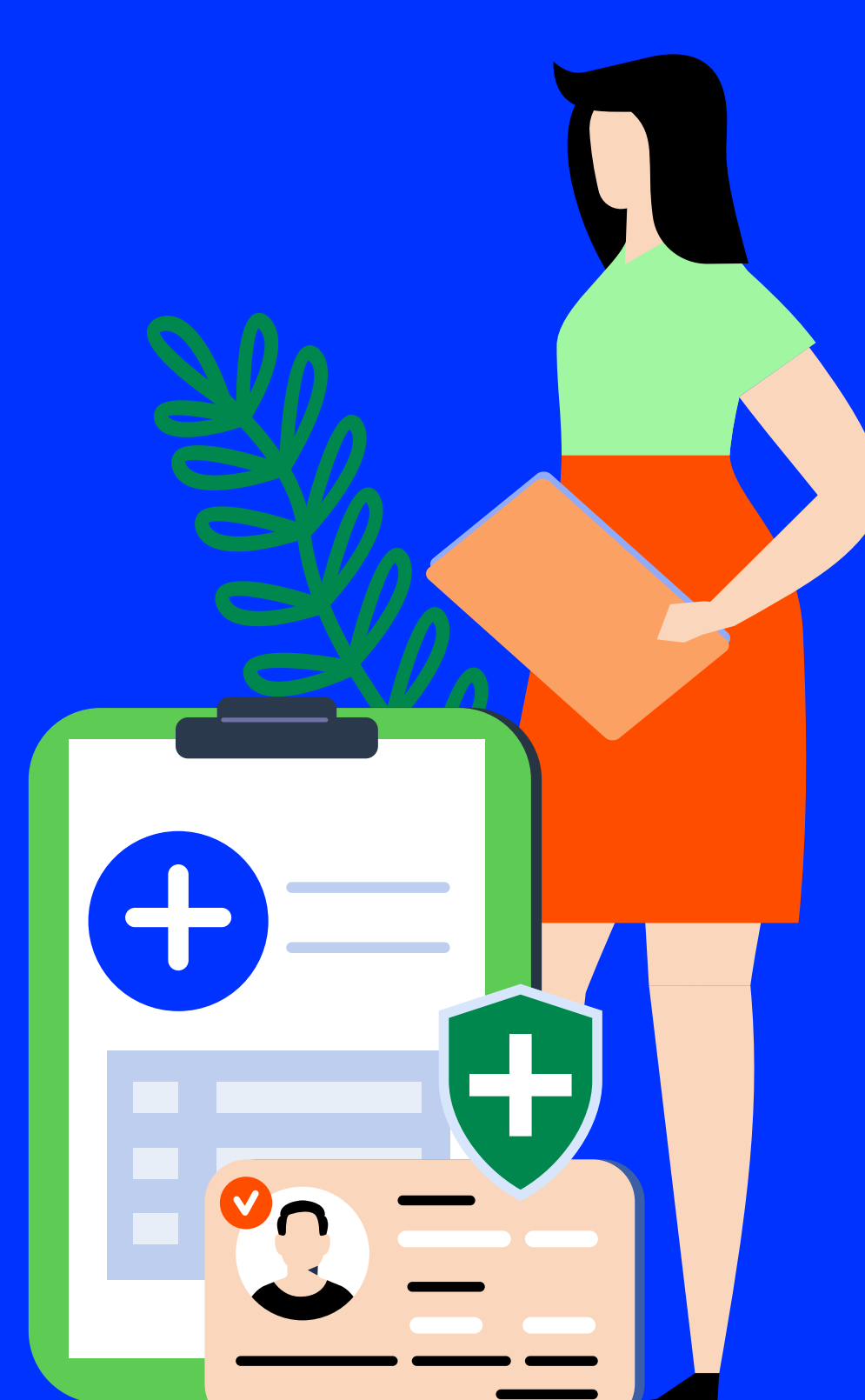
Direct billing (Cashless)

- ✓ You visit an in-network provider who bills Cigna Healthcare directly. You pay only your co-pay or coinsurance at the time of care.
- ✓ Simplest and fastest.
- ✓ Available at most in-network hospitals and clinics in the UAE.

Reimbursement

- ✓ You pay the full bill upfront, then submit invoices and supporting documents to Cigna Healthcare for reimbursement to your bank account.
- ✓ Used for out-of-network providers.
- ✓ Requires correct documents and timely submission.
- ✓ Processing takes 15–30 days.

In the UAE, most routine care uses direct billing, it's faster and simpler.



Stage 3

Submitting a reimbursement claim

If you need to claim reimbursement:

- ✓ **Collect documents:** Original invoices, medical reports, prescriptions, and proof of payment.
- ✓ **Submit via your app or portal:** Use Cigna Envoy, SmartCare by Cigna, email, or post with all required paperwork.
- ✓ **Track your claim:** Monitor status in your member portal; decisions typically come within 15–30 days.
- ✓ **Receive reimbursement:** Approved amounts are transferred to your registered bank account.

Keep copies of everything. If questions arise, your records speed up resolution.



What often gets overlooked



Submitting without documents

You should always include original invoices and medical reports before filing.



Checking the submission timeline

You should periodically check your policy for claim submission timelines.



Using out-of-network without checking first

You should verify coverage and request an authorisation estimate before treatment to avoid surprises.



Not updating your bank details

You should keep your member profile updated in your app or portal, so reimbursement reaches you seamlessly.