

Complaint form

Personal information

First name	
Last name	
Are you an existing Cigna Healthcare member	□ Yes □No (select applicable box)
Cigna Healthcare member ID (for existing member)	
Policy holder (optional)	
Phone number	

Complaint details

Claim ID: (If your complaint is related to claim) Approval ID: (If your complaint is related to pre- approval) How would you like to be contacted about your complaint? Provide contact details. □ Email Background: □ Telephone Please provide the background and details of your complaint in the box below. □ Telephone These details may include dates that things have happened on, who you have spoken to about this issue already, and what action has been taken so far.	Type of complaint:	
(If your complaint is related to pre- approval) How would you like to be contacted about your complaint? Provide contact details. Background: Please provide the background and details of your complaint in the box below. These details may include dates that things have happened on, who you have spoken to about this issue already, and		
How would you like to be contacted about your complaint? Provide contact details. □ Email □ Telephone □ Telephone □ Please provide the background and details of your complaint in the box below. These details may include dates that things have happened on, who you have spoken to about this issue already, and □	(If your complaint is related to pre-	
contact details. □ Telephone Background:	How would you like to be contacted about your complaint? Provide	Email
<i>Please provide the background and details of your complaint in the box below.</i> <i>These details may include dates that things have happened on, who you have spoken to about this issue already, and</i>		Telephone
	Please provide the background and details of your complaint in the box below. These details may include dates that things have happened on, who you have spoken to about this issue already, and	

Please submit any documents relevant to your complaint by email (e.g. medical reports, lab results, email communication), after clicking on the submit button below.

Note: when you submit this complaint, we will contact you within the same day of receipt to acknowledge your complaint and share a complaint reference number.

We aim to deliver appropriate solution within seven (7) working days from the receipt of your complaint.

When you submit an appeal, your appeal will be acknowledged and a written answer will be provided within two (2) working days of your escalation.

Submit

Cigna Life Insurance Company of Europe S.A. - N.V. - Bahrain Branch is a branch of a foreign entity and is licensed in the Kingdom of Bahrain and regulated by the Central Bank of Bahrain License Number OIF/016 - CR Number 126000-1. Office 916, 9th Floor, West Tower, Bahrain World Trade Center - Building B0001, Isa Al-Kabeer Avenue - Road 365, Manama Center - Block 316, Kingdom of Bahrain. Cigna Life Insurance Company of Europe S.A. - N.V. is a company incorporated in Belgium with its registered head office address at Av. De

Cigna Life Insurance Company of Europe S.A. - N.V. is a company incorporated in Belgium with its registered head office address at Av. De Cortenbergh 52 Kortenberglaan, B-1000 Bruxelles-Brussel, Belgium.