



KARISHMA SHYAM MANIK SHYAM H. MANIK,52SC8169683976201 ⓘ

Effective from : 09-Oct-2023to 05-Aug-2024at Cigna

Required Treatment is Dental

Reference No: R-000000251907535

Request Date: 28-Jul-2024 15:04:19



Eligible

+ Open Network 3 [Applicable Tariff: General Network]

> 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

Attachments



Pre-Auth protocols



Consultation / Claim Form



Prescription Form

Ask for Authorization

Referral Document