



RASHMI TANDON,52GM1462692870901 ⓘ
 Effective from : 01-Jul-2024 to 30-Jun-2025 at Cigna
 Required Treatment is Dental
 Reference No: R-000000256667686
 Request Date: 30-Aug-2024 16:53:14



Eligible

+ Comprehensive Network [Applicable Tariff: Comprehensive Network]

Copayment : 20%

- > Referral required **No referral required for specialist consultation**
- > Co-pay will be "NIL" for follow up visits within 10 days. Please note there will be NO CO-PAY applicable for the 8th, 9th & 10th day on the Follow up Consultation; Infertility Treatment will be limited ... [See More](#)
- > Copay 50% Periodontics Treatment, Orthodontics applicable for Treatment, Prosthodontics Treatment, Dental Implants

✓ Approval Requirements

Approval required for all treatment related to:
 Acute Drugs, Dental Implants, Endodontics Treatment, Oralmaxillo Surgery, Orthodontics Treatment, Periodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Restorative Treatments, Routin ... [See More](#)

📎 Attachments

- Pre-Auth protocols
- Consultation / Claim Form
- Prescription Form

Ask for Authorization

Referral Document