



GAIA ROSCIGNO,784-1982-5141041-5 ⓘ  
 Effective from : 15-Jan-2024to 31-Dec-2024at Cigna  
 Required Treatment is Dental  
 Reference No: R-000000259732969  
 Request Date: 18-Sep-2024 14:08:39



Eligible

Comprehensive [Applicable Tariff: Comprehensive Network]

Copayment : 20%

> 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, Dental Implants, Orthodontics Treatment

Attachments

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

Ask for Authorization

Referral Document