



SALMAN ABDUL RAZZAQ CHOGLE,52GM92606639124 ⓘ
Effective from : 01-Apr-2024 to 31-Mar-2025 at Cigna
Required Treatment is Dental
Reference No: R-000000260875561
Request Date: 25-Sep-2024 14:53:35



Eligible

Comprehensive Exc. CCAD [Applicable Tariff: Comprehensive Network]

Copayment : 20%

- > Referral required : **No referral required for specialist consultation**
- > Copay 50% applicable for : Orthodontics Treatment, Class III

Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Class I, Class II, Class III, Orthodontics Treatment

Attachments

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

Ask for Authorization

Referral Document