



MALAIKA JOAN FERNANDES,52GM9397007261601 ⓘ

Effective from : 01-Oct-2023to 30-Sep-2024at Cigna

Required Treatment is Dental

Reference No: R-000000261478780

Request Date: 29-Sep-2024 12:24:00



Eligible

+ Comprehensive Network [Applicable Tariff: Comprehensive Network]

> Referral required **No referral required for specialist consultation**

> Copay 20% applicable for :Class II

> 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