



**HANS JACOB FROMREIDE,52SC16302975230** ⓘ  
Effective from : 01-Dec-2023to 30-Nov-2024at Cigna  
Required Treatment is Dental  
Reference No: R-000000266973439  
Request Date: 01-Nov-2024 10:23:24



Eligible

Open Network 3 [Applicable Tariff: General Network]

Copayment : 10%

> 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