



SAKINA SAIFUDDIN BARBHAIWALA, 784-1988-5351391-3 ⓘ

Effective from : 19-Mar-2024 to 18-Mar-2025 at Cigna

Required Treatment is Dental

Reference No: R-000000270080218

Request Date: 19-Nov-2024 15:50:27



Eligible

Open Network 3 [Applicable Tariff: General 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

Attachments



Pre-Auth protocols



Consultation / Claim Form



Prescription Form

Ask for Authorization

Referral Document