



SUVIDHA GOPALAKRISHNAN,784-1981-3829879-3

Effective from : 01-Jan-2025to 31-Dec-2025at Cigna

Required Treatment is Dental

Reference No: R-000000281079259

Request Date: 25-Jan-2025 12:55:02



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