



JASPINDER KAUR,784-1983-2172708-7 ⓘ  
 Effective from : 24-Jun-2024to 23-Jun-2025at Cigna  
 Required Treatment is Dental  
 Reference No: R-000000283832635  
 Request Date: 08-Feb-2025 12:31:44



Eligible

+ Comprehensive Network [Applicable Tariff:  
 Comprehensive Network]

Copayment : 20%

- > Referral required **No referral required for specialist consultation**
- > Co-pay will be "NIL" for follow up visits within 10 days. Please note there will be NO CO-PAY applicable for the 8th, 9th & 10th day on the Follow up 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