



KAVANNGUN KAUR,784-2011-8715103-6 ⓘ

Effective from : 24-Jun-2024 to 23-Jun-2025 at Cigna

Required Treatment is Dental

Reference No: R-000000283831891

Request Date: 08-Feb-2025 12:28:44



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