



SONAM ARORA, 784-1986-5864764-3 ⓘ
Effective from : 01-Jan-2025 to 31-Dec-2025 at Cigna
Required Treatment is Dental
Reference No: R-000000286556368
Request Date: 22-Feb-2025 17:10:19



Eligible



Comprehensive Network [Applicable Tariff:
Comprehensive Network]

> Referral required **No referral required for specialist
consultation**

✓ Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Class I, Class II

📎 Attachments



Pre-Auth protocols



Consultation / Claim Form



Prescription Form

✓ Ask for Authorization

📎 Referral Document