Eligibility Details

Appointments (0)

SAKINA SAIFUDDIN BARBHAIWALA,52SC3704996183701

Effective from : **19-Mar-2025** to **18-Mar-2026** at Cigna

Required Treatment is Dental

Reference No: R-000000293724943

Request Date: 05-Apr-2025 14:32:50

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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