Eligibility Details

Appointments (0)

AYESHA RAZA,784-1993-9639632-9

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

Required Treatment is Dental

Reference No: R-000000299253571

Request Date: 02-May-2025 16:12:13

neuron

Eligible

Comprehensive Network Excluding CCAD [Applicable Tariff: Comprehensive Network]

- Referral required : **No referral required for specialist consultation**
- Copay 20% applicable for :Class II
- Copay 50% applicable for :Orthodontics Treatment, Class III

Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Class I, Class II, Class III, Orthodontics Treatment

Attachments

- Pre-Auth protocols
- Consultation / Claim Form
- Prescription Form

Ask for Authorization

Referral Document