Eligibility Details

Appointments (0)

RIDHAAN KAMLESH DAYALANI,784-2012-7414374-8
Effective from : 19-May-2025to 30-Sep-2025at Cigna
Required Treatment is Dental
Reference No: R-000000309666430
Request Date: 25-Jun-2025 17:41:20

neuron

Eligible

Comprehensive [Applicable Tariff: Comprehensive Network]

Copayment : 20%

- Referral required : **No referral required for specialist consultation**
- 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