



ASMA KHATRI, 784-1984-2060435-1 ⓘ  
Effective from : 01-Apr-2025 to 31-Mar-2026 at Cigna  
Required Treatment is Dental  
Reference No: R-000000312835735  
Request Date: 12-Jul-2025 11:32:48



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