



NABILA MARIYAM.784-1981-1052717-7 ⓘ
Effective from : 01-Oct-2024 to 30-Sep-2025 at Cigna
Required Treatment is Dental
Reference No: R-000000272124634
Request Date: 02-Dec-2024 14:17:50



Eligible

Comprehensive [Applicable Tariff: Comprehensive 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, Orthodontics Treatment

Attachments

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

Ask for Authorization

Request Document