



AUD KARIN NES,52SC3559470265001 ⓘ
Effective from : 01-Dec-2023to 30-Nov-2024at Cigna
Required Treatment is Dental
Reference No: R-000000265235173
Request Date: 21-Oct-2024 18:27:25



Eligible

+ Open Network 3 [Applicable Tariff: General Network]

Copayment : 10%

> 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