



MANU SINGH, 784-1980-3546976-0  
Effective from : 01-Aug-2024 to 31-Jul-2025 at Cigna  
Required Treatment is Dental  
Reference No: R-000000278027509  
Request Date: 08-Jan-2025 12:45:03



Comprehensive [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