



TUSHAR ABISH, 784-1997-6187430-6 ⓘ
Effective from : 01-Jan-2025 to 31-Dec-2025 at Cigna
Required Treatment is Dental
Reference No: R-000000284814757
Request Date: 13-Feb-2025 13:01:44



Eligible



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