



MONA ABDI ISMAIL, 52GM20343717611

Effective from : 01-Oct-2024 to 30-Sep-2025 at Cigna

Required Treatment is Dental

Reference No: R-000000289157329

Request Date: 08-Mar-2025 10:59:08



Comprehensive Network [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

Referral Document