MONICA REPPEN, 784-1971-3537714-7

Effective from : 01-Dec-2024 to 30-Nov-2025 at Cigna

Required Treatment is Dental

**Reference No: R-000000320785084**

**Request Date: 23-Aug-2025 11:48:41**

neuron

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