



ARUSHI MEHTA,784-1989-2664022-2 ⓘ  
Effective from : 01-Jun-2024to 31-May-2025at Cigna  
Required Treatment is Dental  
Reference No: R-000000275280958  
Request Date: 21-Dec-2024 16:30:44



Eligible

Comprehensive [Applicable Tariff: Comprehensive Network]

Copayment : 20%

> Referral required **No referral required for specialist consultation**

> Copay 35% applicable for :Orthodontics Treatment

Approval Requirements

Approval required for all treatment related to:  
Acute Drugs, Class I, Class II, Class III, Dental Implants, Orthodontics Treatment

Attachments



Pre-Auth protocols



Consultation / Claim Form



Prescription Form

Ask for Authorization

Referral Document