



HELLEN BON CESARIO DA SILVA,52SC86825695920 ⓘ
Effective from : 01-Dec-2024to 30-Nov-2025at Cigna
Required Treatment is Dental
Reference No: R-000000285963547
Request Date: 19-Feb-2025 16:10:07



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