



AMAR TAHILANI, 784-1977-0280716-1 ⓘ
Effective from : 01-Jul-2024 to 30-Jun-2025 at Cigna
Required Treatment is Dental
Reference No: R-000000287897953
Request Date: 01-Mar-2025 11:42:07



Eligible



Open Network 3 [Applicable Tariff: General Network]

Copayment : 20%

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