



NIKITA ARUN MUNYAL,52GM22454535907 ⓘ
Effective from : 01-Oct-2024to 30-Sep-2025at Cigna
Required Treatment is Dental
Reference No: R-000000290825374
Request Date: 17-Mar-2025 16:56:46



Eligible



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