Eligibility Details

Appointments (0)

FARAH OSAMA SALEM RAMADHAN,784-1994-5573542-5
Effective from : **01-Feb-2025** to **30-Jun-2025** at Cigna
Required Treatment is Dental
Reference No: R-000000292179076
Request Date: 25-Mar-2025 15:49:30

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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, Dental Implants, Orthodontics Treatment

Attachments

- Pre-Auth protocols
- Consultation / Claim Form
- Prescription Form

Ask for Authorization

Referral Document