



JON CHARLES REPPEN, 784-1965-2367302-6 ⓘ
Effective from : 01-Dec-2024 to 30-Nov-2025 at Cigna
Required Treatment is Dental
Reference No: R-000000297960604
Request Date: 26-Apr-2025 13:31:40



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