



MANEL GUETARNI,784-1987-7291952-2 ⓘ

Effective from : 06-Apr-2024to 05-Apr-2025at Emirates Insurance Co.

Required Treatment is Dental

Reference No: R-000000238941547

Request Date: 04-May-2024 11:51:23



Eligible

Comprehensive Network [Applicable Tariff: Comprehensive Network]

Copayment : 20%

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

> Work Injury & Road Accident: Covered

Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Orthodontics Treatment, Periodontics Treatment, Prosthodontics Treatment, Restorative Treatments, Routine Dental

Attachments



Pre-Auth protocols



Overseas Pre-Auth protocols



Consultation / Claim Form



Prescription Form

Ask for Authorization

Referral Document