



SHIZA ABDI AHSAN RAZA, K2G1-A8E2-C2CK-FCDE ⓘ
 Effective from : 01-Aug-2024 to 31-Jul-2025 at Dubai Insurance
 Required Treatment is Dental
 Reference No: R-000000253861612
 Request Date: 11-Aug-2024 15:45:52



Eligible

Restricted Network [Applicable Tariff: Restricted Network]

Copayment : 20%

- > Referral required **No referral required for specialist consultation**
- > Scaling and polishing covered once every 12 months and crown: are covered only when preceded by root canal treatment
- > Work Injury : Covered

Approval Requirements

Approval required for all treatment related to:
 Acute Drugs, Chronic Drugs, Endodontics Treatment, Periodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Routine Dental

Attachments

- Applicable procedure
- Exclusions
- Consultation / Claim Form
- Prescription Form

Ask for Authorization

Referral Document