







**EMELINE CUMFT SURESH**,784-1982-6765206-7 ①

Effective from: 16-Jul-2024to 15-Jul-2025at Union Insurance

Required Treatment is Dental

Reference No: R-000000260157055 Request Date: 21-Sep-2024 10:38:44







# General Network [Applicable Tariff: General Network]

#### Copayment: 20%

- Referral required No referral required for specialistconsultation
- Work Injury : Covered > Maternity: No Waiting Period applies

## Approval Requirements

### Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Periodontics Treatment, Preventive Treatment, Routine Dental

### Attachments

Applicable procedure

Exclusions

Consultation / Claim Form

Prescription Form

igspace Ask for Authorization

1 Referral Document

