



MEHAK MADAN,G2IF-IAE2-C2CF-8CDE ⓘ
 Effective from : 01-Mar-2024 to 28-Feb-2025 at Al Ittihad Al Watani
 Required Treatment is Dental
 Reference No: R-000000261374269
 Request Date: 28-Sep-2024 17:15:22



Eligible

General Network [Applicable Tariff: General Network]

Copayment : 20%

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

> Road and Traffic Accident: Covered > Work Injury : Covered

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

Ask for Authorization

Referral Document