



ALLAN BOB ANDERSSON, AACR-CC4C-DCD2-2DEA ⓘ

Effective from : 01-Dec-2023 to 30-Nov-2024  
at National Life & General Insurance Company

Required Treatment is Dental

Reference No: R-000000264165814

Request Date: 15-Oct-2024 12:05:38



Eligible

+ General Network [Applicable Tariff: General Network]

Copayment : 10%

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

> Copay 20% Max 50.00 AED applicable for : Consultation / Evaluation and Management

☑ Approval Requirements

Approval required for all treatment related to:

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

📎 Attachments

📄 Applicable procedure

📄 Exclusions

📄 Consultation / Claim Form

📄 Prescription Form

Ask for Authorization

Referral Document