





ALLAN BOB ANDERSSON, AACR-CC4C-DCD2-2DEA ③ Effective from: 01-Dec-2023to 30-Nov-2024at National Life & General Insurance Company Required Treatment is Dental

Reference No: R-000000263681785 Request Date: 12-Oct-2024 13:53:53







🖒 General Network [Applicable Tariff: General Network]

Copayment: 10%

- ${\color{red} {}^{\flat}} \ {\sf Referral \, required \, :} \\ {\bf No \, referral \, required \, for \, specialist \, consultation}$
- $^{\flat}$ 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