



**HARSHIT SAHU HARISH SAHU, KFGF-1FE2-C2CE-GCDE** ⓘ  
 Effective from : 10-Jun-2024 to 28-Feb-2025 at Al Ittihad Al Watani  
 Required Treatment is Dental  
 Reference No: R-000000266347120  
 Request Date: 28-Oct-2024 14:46:36



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