



MANSHA FATMA,CA73-311E-4E1C-CEDD ⓘ

Effective from : 01-Jan-2024to 31-Dec-2024

at Salama Islamic Arab Insurance

Required Treatment is Dental

Reference No: R-000000267344752

Request Date: 03-Nov-2024 15:46:36



Eligible

General Network [Applicable Tariff: General Network]

Copayment : 20%

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

Approval Requirements

Approval required for all treatment related to:

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

Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

Ask for Authorization

Referral Document