



TINA KISHOR MANSUKHANI,4CE2-DC2F-EF93-DFAD ⓘ

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

at Abu Dhabi National Insurance Company

Required Treatment is Dental

Reference No: R-000000274065883

Request Date: 14-Dec-2024 12:19:39



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, Orthodontics Treatment, Periodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Routine Dental

Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

Ask for Authorization

Referral Document