



NIYATI KHEMNANI,784-2008-4626496-6 ⓘ

Effective from : 29-Dec-2023to 28-Dec-2024at Watania Takaful Family

Required Treatment is Dental

Reference No: R-000000275566633

Request Date: 23-Dec-2024 15:37:49



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, Routine Dental

Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

Ask for Authorization

Referral Document