< Eligibility Details





HASHIM SHAKIL A. AZMI,784-1989-0281836-2 Effective from : 01-Jan-2025to 31-Dec-2025 at Salama Islamic Arab Insurance Required Treatment is Dental Reference No: R-000000278603830 Request Date: 11-Jan-2025 17:23:32







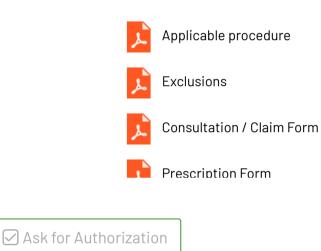
Copayment : 20%

- Referral required No referral required for specialist
 consultation
- > 8 OP maternity E&M for low risk and 12 for high risk members
- 20% Co-pay will not be applicable on maternity benefit in the mentioned seven providers on TOB
- Co.Ins.5% for Dermatology > ROAD ACCIDENTS: COVERED

Approval Requirements

Approval required for all treatment related to: Acute Drugs, Chronic Drugs, Endodontics Treatment, Preventive Treatment, Routine Dental

Attachments



🛈 Referral Document

📀 The latest version of Google Chrome is recommended for the best experience on our Application

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