



YAZAN AWAD,F2IG-21E2-C2CG-ICDE ⓘ
Effective from : 30-Mar-2024to 29-Mar-2025
at Salama Islamic Arab Insurance
Required Treatment is Dental
Reference No: R-000000287922679
Request Date: 01-Mar-2025 13:28:50



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, Vitamins

Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

☒ Ask for Authorization