

YAZAN AWAD,F2IG-21E2-C2CG-ICDE [\(i\)](#)

Effective from : 30-Mar-2024 to 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%

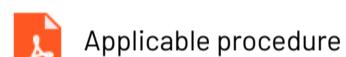
> Referral required **No referral required for specialist consultation**

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 Referral Document