

TARUN WALIA, K1GA-1IE2-C2CG-ECDE [\(i\)](#)

Effective from : 01-Sep-2024 to 31-Aug-2025

at Abu Dhabi National Insurance Company

Required Treatment is Dental

Reference No: R-000000288642514

Request Date: 05-Mar-2025 12:21:03



Eligible

Comprehensive Network [Applicable Tariff: Comprehensive Network]

Copayment : 20%

- > Referral required **No referral required for specialist consultation**
- :
Road Accident: Covered
- > Work Injury: Covered
- > Copay 20% Max 200.00 AED applicable
- Acute Drugs, Chronic Drugs
- for :

Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Periodontics Treatment, Preventive Treatment, Routine Dental

Attachments



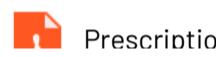
Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

[Ask for Authorization](#)[Referral Document](#)