

EMILY GRACE DOWNING,784-1996-6707966-1 [i](#)

Effective from : 20-Mar-2025 to 19-Mar-2026 at Watania Takaful Family

Required Treatment is Dental

Reference No: R-000000295094848

Request Date: 12-Apr-2025 13:04:43



Eligible

**+** Restricted Network [Applicable Tariff: Restricted 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, Preventive Treatment, Routine Dental

**📎 Attachments**

Applicable procedure

Exclusions

Consultation / Claim Form

Prescription Form

 Ask for Authorization