



EMILY GRACE DOWNING, 784-1996-6707966-1 ⓘ
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



Referral Document