



DANIEL JAMES MURPHY THOMAS,784-1992-4786257-8 ⓘ  
Effective from : 01-Oct-2024to 30-Sep-2025at Orient Insurance  
Required Treatment is Dental  
Reference No: R-000000294902590  
Request Date: 11-Apr-2025 12:20:23



Eligible

 General Network [Applicable Tariff: General Network]





Copayment : 20%

> Referral required : **No referral required for specialist consultation** > Work Injury: Covered

 Approval Requirements

Approval required for all treatment related to:  
Acute Drugs, Chronic Drugs, Orthodontics Treatment, Periodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Restorative Treatments, Routine Dental

 Attachments

-  Applicable procedure
-  Exclusions
-  Consultation / Claim Form
-  Prescription Form

 Ask for Authorization

 Referral Document