



DANIEL JAMES MURPHY THOMAS,784-1992-4786257-8

Effective from : 01-Oct-2024 to 30-Sep-2025 at 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