

KUDSIYA AFREEN,9E9A-5A3F-EFC9-EFAD [\(i\)](#)

Effective from : 01-Mar-2025 to 28-Feb-2026

at Al Sagr National Insurance Company

Required Treatment is Dental

Reference No: R-000000310683466

Request Date: 01-Jul-2025 11:08:33



Eligible

Restricted Network [Applicable Tariff: Restricted Network]

Copayment : 20%

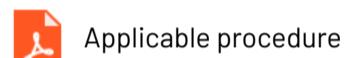
> Referral required **No referral required for specialist consultation**

Approval Requirements

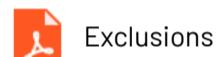
Approval required for all treatment related to:

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

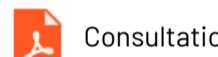
Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

 Ask for Authorization Referral Document