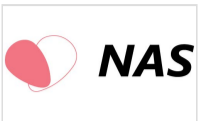




KUDSIYA AFREEN,9E9A-5A3F-EFC9-EFAD ⓘ
Effective from : 01-Mar-2025to 28-Feb-2026
at Al Sagr National Insurance Company
Required Treatment is Dental
Reference No: R-000000310683466
Request Date: 01-Jul-2025 11:08:33



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