



AWAIS ALI,784-1990-8498287-7 ⓘ

Effective from : 01-Feb-2025to 31-Jan-2026at Orient Insurance

Required Treatment is Dental

Reference No: R-000000282854938

Request Date: 03-Feb-2025 14:47:07



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