

AVINASH ALVARES PRABHU,784-1978-2626960-3 [i](#)

Effective from : 01-Jan-2025 to 31-Dec-2025 at PCFC

Required Treatment is Dental

Reference No: R-000000286865740

Request Date: 24-Feb-2025 10:40:10



Eligible

Silver Network [Applicable Tariff: General Network]

Approval Requirements

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

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Oralmaxillo Surgery, Orthodontics Treatment, Periodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Restorative Treatments, Routine ...

[See More](#)

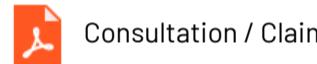
Attachments



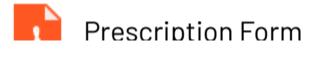
Pre-Auth protocols



Overseas Pre-Auth protocols



Consultation / Claim Form



Prescription Form

 Ask for Authorization