


AVINASH ALVARES PRABHU,784-1978-2626960-3


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

Required Treatment is Dental

Reference No: R-000000286865740

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





Eligible

Silver Network [Applicable Tariff: General Network]

> Referral required

No referral required for specialist consultation

Approval Requirements

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

Referral Document