



FARZANA BINTI ABD HAMID,3KHM-KJ3F-LFL2-3LED ⓘ
Effective from : 14-Feb-2025to 13-Feb-2026at Orient UNB Takaful
Required Treatment is Dental
Reference No: R-000000286689718
Request Date: 23-Feb-2025 12:06:48



Eligible



General Network [Applicable Tariff: General Network]

Copayment : 15%

- > Referral required **No referral required for specialist consultation**
- > Road and Traffic Accident: Covered

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