

FARZANA BINTI ABD HAMID, 3KHM-KJ3F-LFL2-3LED [\(i\)](#)

Effective from : 14-Feb-2025 to 13-Feb-2026 at 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