SHIVANI AGARWAL,57396927447
Effective from : **21-Feb-2025** to **20-Feb-2026** at Watania Takaful Family
Required Treatment is Dental
Reference No: R-000000291618667
Request Date: 22-Mar-2025 10:53:23

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Eligible

Tier 3 GN+ (excl. MCG, AHG and CCAD) [Applicable Tariff: General Network +]

Copayment : 20%

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

Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Chronic Drugs, Major Dental, Orthodontics Treatment, Preventive Treatment, Routine Dental

Attachments

- Pre-Auth protocols
- Overseas Pre-Auth protocols
- Consultation / Claim Form
- Prescription Form

Ask for Authorization

Referral Document