Eligibility Details \langle



Eligible





Copayment : 20%

Referral required No referral required for specialist consultation :

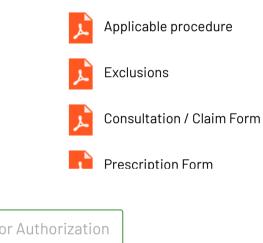
> Copay 20% Max 50.00 AED applicable for :

Consultation / Evaluation and Management

Approval Requirements

Approval required for all treatment related to: Acute Drugs, Chronic Drugs, Endodontics Treatment, Periodontics Treatment, Routine Dental

Attachments



Ask for Authorization

Referral Document

📀 The latest version of Google Chrome is recommended for the best experience on our Application

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