



SHAMNAS NEDUVANCHERI KUNHI MOHAMED,784-1984-4921853-0 ⓘ

Effective from : 18-Aug-2024to 17-Aug-2025at Watania Takaful Family

Required Treatment is Dental

Reference No: R-000000281038528

Request Date: 25-Jan-2025 10:18:29



Eligible

+ Comprehensive Network [Applicable Tariff: Comprehensive Network]

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

> Work Injury: Covered

> Not covered on direct billing :Dental Implants

✓ Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Dental Implants, Endodontics Treatment, Orthodontics Treatment, Periodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Routine Dental

📎 Attachments

📄 Applicable procedure

📄 Exclusions

📄 Consultation / Claim Form

📄 Prescription Form

✓ Ask for Authorization

📄 Referral Document