Eligibility Details

Appointments (0)

NAMRATA SAJULA GILL,HHJE-363F-LFLM-HLED

Effective from : **01-Jan-2025** to **31-Dec-2025** at Takaful Emarat

Required Treatment is Dental

Reference No: R-000000291937900

Request Date: 24-Mar-2025 11:00:44

Eligible

General Network [Applicable Tariff: General Network]

Copayment : 20%

- Medical Condition Coverage Criteria: Click Here
- Referral required : **No referral required for specialist consultation**

Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Routine Dental

Attachments

- Applicable procedure
- Exclusions
- Consultation / Claim Form
- Prescription Form

Ask for Authorization

Referral Document