Prasanth Palaniappan,784-1990-3095364-2

Effective from : **01-Oct-2023**to **30-Sep-2024**at Orient Insurance

Required Treatment is Dental

Reference No: R-000000227327521

Request Date: 09-Feb-2024 17:35:39

Eligible

General Network [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, Orthodontics Treatment, Periodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Restorative Treatments, Routine Dental

Attachments

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

Ask for Authorization

Referral Document