SACHARIAH JOHN,3MN5-PRMM-VMVN-PVAE

Effective from : **21-Dec-2023** to **20-Dec-2024** at Daman

Required Treatment is Dental

Reference No: R-000000257642575

Request Date: 05-Sep-2024 15:41:09

Eligible

Restricted Network [Applicable Tariff: Restricted Network]

Copayment : 20%

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

Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Preventive Treatment, Routine Dental

Attachments

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

Ask for Authorization

Referral Document