ATHUL MAVOLI,784-1992-3293513-2
Effective from : **03-Feb-2024** to **02-Feb-2025**
at National Life & General Insurance Company
Required Treatment is Dental
Reference No: R-000000278801797
Request Date: 12-Jan-2025 19:58:21

Eligible

Comprehensive Network [Applicable Tariff: Comprehensive Network]

Copayment : 10%

- Referral required : **No referral required for specialist consultation**
- Copay 20% Max 75.00 AED applicable for : Consultation / Evaluation and Management

Approval Requirements

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

Attachments

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

Ask for Authorization

Referral Document