OLORUNDA EHINMISAN EHINMISAN,754C-CA3F-EF44-7FAD
Effective from : **07-Jun-2022** to **06-Jun-2023** at Medgulf
Required Treatment is OutPatient
Reference No: R-000000178030102
Request Date: 30-Mar-2023 15:39:11

Eligible

Value Network [Applicable Tariff: Value Network]

- Referral required :**Specialist Visit Subject to GP Referral Only**
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- Copay 20% Max 30.00 AED applicable for : Consultation / Evaluation and Management
- Copay 20% applicable for : Dental Emergency

Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Breast Cancer Screening, C.T Scan, Child Vaccinations - Mandatory, Chronic Drugs, Endoscopy, Hearing Test , Immunomodulators, Laboratory, M.R.I, PET Scan, Pap Smear, Physiotherapy, Prosta ... See More

Attachments

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

Ask for Authorization

Referral Document