



OLORUNDA EHINMISAN EHINMISAN,754C-CA3F-EF44-7FAD ⓘ
Effective from : 07-Jun-2022to 06-Jun-2023at Medgulf
Required Treatment is OutPatient
Reference No: R-000000178202257
Request Date: 31-Mar-2023 23:40:46



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 Consultation / Evaluation and
applicable for : 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