



Request Date: 31-Mar-2023 21:20:09



Eligible

Approval Requirements

> Copay 20% applicable for : Dental Emergency, Hearing Test , Vision Test

Adult Vaccinations - Mandatory, Breast Cancer Screening, Child
Vaccinations - Mandatory, Endoscopy, Hearing Test , Laboratory, PET

 Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

☒ Ask for Authorization

Referral Document