



Priya Anni Devadiga, 784-1982-0390303-8 ⓘ
Effective from : 01-Apr-2023 to 31-Mar-2024
at Al Sagr National Insurance Company
Required Treatment is OutPatient
Reference No: R-000000182099095
Request Date: 30-Apr-2023 11:14:08



Eligible



Workers Network [Applicable Tariff: Workers Network]

- > Referral required **No referral required for specialist consultation**
- > Copay 20% Max 25.00 AED applicable for : Consultation / Evaluation and Management
- > Copay 20% applicable for : Dental Emergency, Hearing Test , Visior Test
- > Copay 10% applicable for : Acute Drugs, Chronic Drugs, Immunomodulators, Vitamins

Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Adult Vaccinations - Mandatory, Breast Cancer Screening, C.T Scan, Child Vaccinations - Mandatory, Chronic Drugs, Diabetic Consumables, Endoscopy, Hearing Test , Immunomodulators, M.R.I, ... [See More](#)
Encounter has aggregate net amount AED 700.00 or above for all other services excluding consultation requires approval.

Attachments

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

☒ Ask for Authorization

Referral Document