HPS Landing 5/4/23, 6:52 PM

Eligibility Details













NUWAN THARAKA WIYATUNGA APPUHAMILLAGE, 9729-AA3F-EF4C-CFAD ①

Effective from: 01-Jan-2023to 31-Dec-2023at Medgulf

Required Treatment is OutPatient Reference No: R-000000182888107 Request Date: 04-May-2023 18:52:17







Restricted Network [Applicable Tariff: Restricted Network]

> Referral required No referral required for specialist consultation

> Copay 20% Max 50.00 AED applicable for:

Consultation / Evaluation and

Management

for:

> Copay 20% applicable Dental Emergency, Vision Test, Hearing Aid

Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Breast Cancer Screening, C.T Scan, Child Vaccinations -Mandatory, Chronic Drugs, Endoscopy, Hearing Aid, Hearing Test, Immunomodulators, M.R.I, PET Scan, Physiotherapy, Prostate Cancer

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

1 Referral Document

The latest version of Google Chrome is recommended for the best experience on our Application

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