### Eligibility Details













Required Treatment is OutPatient
Reference No: R-000000183225598
Request Date: 07-May-2023 10:30:47







# Restricted Network [Applicable Tariff: Restricted Network]

- Referral required No referral required for specialistconsultation
- Copay 20% Max 50.00 AED applicable for:

Consultation / Evaluation and Management

## ✓ Approval Requirements

#### Approval required for all treatment related to:

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

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

