



ISMAIL ATERTOUR? ATERTOUR?,2D4C-CA3F-EFC9-4FAD ⓘ
Effective from : 07-Jun-2022to 06-Jun-2023at Medgulf
Required Treatment is OutPatient
Reference No: R-000000184030207
Request Date: 11-May-2023 22:28:10



Eligible

🔑 Exceptional Case Selected : **Yes**

✚ 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, Diagnostics NEC, Endoscopy, Hearing
Test , Immunomodulators, Laboratory, M.R.I, Non-surgical minor
proced ... [See More](#)

📎 Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

☑ Ask for Authorization

📄 Referral Document