



ANURA DE SILVA RAJAPAKSHA MARATHIGNNANAMBI,
EE39-CA3F-EF39-DFAD ⓘ
Effective from : 07-Jun-2022to 06-Jun-2023at Medgulf
Required Treatment is OutPatient
Reference No: R-000000184965367
Request Date: 17-May-2023 19:37:09



Eligible

🔒 Exceptional Case Selected : **Yes**

⛶ Value Network [Applicable Tariff: Value Network]

- > Referral required :**Specialist Visit Subject to GP Referral Only**
- > Referral required :**Specialist Visit Subject to GP Referral Only**
- > 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