HARSHITA SHETYE,784-2002-8557796-9

Effective from : **23-Aug-2022**to **06-Jun-2023**at Medgulf

Required Treatment is OutPatient

Reference No: R-000000185237839

Request Date: 19-May-2023 17:25:17

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 applicable for : Consultation / Evaluation and 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