Eligibility Details













Required Treatment is OutPatient
Reference No: R-000000187488652
Request Date: 03-Jun-2023 10:49:15







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, Chronic Drugs, Endoscopy, Hearing Test, Immunomodulators, M.R.I, PET Scan, Physiotherapy, Prostate Cancer Screening, Vision Test, Vit

See More

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

