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For the treatment. Outpatient is restricted to Clinics / Medical Centers only.					
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t Type	Provider Type	Provider Name	Speciality	Description	
	All	All		20% of Claim Max. 30	
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Page Size: 10 • Page 1 of 1 [5 Records]

Benefit Network Unlimited Limit

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HN BASIC PLUS - OP

Page Size: 10 ▶ Page 1 of 1 [2 Records]



<u>Dashboard</u>

SERVICE

Eligibility

Pre Authorization

Remittance Advice