SAJIN PONNACHAN JOHN,784-1989-3713141-9

Effective from : **24-May-2023**to **23-May-2024**at Insurance House

Required Treatment is OutPatient

Reference No: R-000000193849609

Request Date: 14-Jul-2023 19:43:45

NAS NAS

Eligible

Restricted Network [Applicable Tariff: Restricted Network]

Referral required : **No referral required for specialist consultation**

Copay 10% Max 25.00 AED applicable for : Consultation / Evaluation and Management

Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Adult Vaccinations - Mandatory, Breast Cancer Screening, C.T Scan, Child Vaccinations - Mandatory, Chronic Drugs, Diabetic Consumables, Endoscopy, Hearing Test , Hormone Replacement Thera ... 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

Referral Document