HANIN ABDEL GHANY NASSIF,42AR-4C4C-DCD1-4DEA
Effective from : **02-Jun-2023**to **01-Jun-2024**at Daman
Required Treatment is OutPatient
Reference No: R-000000201335404
Request Date: 04-Sep-2023 16:43:05

Eligible

Exceptional Case Selected : **Yes**

Value Lite Network [Applicable Tariff: Value Network]

- Referral required :**Specialist Visit Subject to GP Referral Only**
- Copay 20% Max 25.00 AED applicable for : Consultation / Evaluation and Management

Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Breast Cancer Screening, C.T Scan, Child Vaccinations - Mandatory, Chronic Drugs, Diabetic Consumables, Diagnostics NEC, Endoscopy, Hearing Test , Immunomodulators, Laboratory, M.R.I, Non ...
See More

Attachments

- Applicable procedure
- Exclusions
- Consultation / Claim Form
- Prescription Form

Ask for Authorization

Referral Document