SAUMYA RAJESWARAN REBEIRO,784-1994-7626105-4
Effective from : **20-Apr-2023**to **19-Apr-2024**at Takaful Emarat
Required Treatment is OutPatient
Reference No: R-000000203302372
Request Date: 16-Sep-2023 16:15:29

Eligible

Super-Restricted Network [Applicable Tariff: Super-Restricted Network]

Referral required :	**No referral required for specialist consultation**
Copay 10% applicable for :	Laboratory, Ultrasound, X-Ray, C.T Scan, M.R.I, Radiology NEC, Other Services & Procedures, PET Scan, Endoscopy, Non-surgical minor procedures, Services NEC, Diagnostics NEC
Copay 20% Max 60.00 AED applicable for :	Consultation / Evaluation and Management
Copay 20% applicable for :	Dental Emergency
Copay GP 10% Max 25.00 AED	Consultation / Evaluation and

Approval Requirements

Approval required for all treatment related to:
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, Vitamins

Encounter has aggregate net amount AED 700.00 or above for all other services excluding consultation requires approval.
Adult Vaccinations - Mandatory, Child Vaccinations - Mandatory,

Attachments

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

Ask for Authorization

Referral Document