



Omar Ahmed Mohamed Ramadan Abdelhady,

784-1996-7509832-3 ③

Effective from: 13-Dec-2022to 31-Oct-2023at Dubai Insurance

Required Treatment is OutPatient Reference No: R-000000205678576 Request Date: 01-0ct-2023 13:27:30







Exceptional Case Selected: Yes

> Referral Specialist Visit Subject to GP Referra

required: Only

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required: Only

Copay 20% Max 25.00 AED Consultation / Evaluation applicable for : and Management

> Copay 20% Dental Emergency, Hearing Test ,

applicable for: Vision Test

Approval Requirements

Approval required for all treatment related to:

Acute Drugs, C.T Scan, Chronic Drugs, Immunomodulators,

M.R.I, Physiotherapy, Vitamins

Encounter has aggregate net amount AED 100.00 or above for all other services excluding consultation requires

Adult Vaccinations - Mandatory, Breast Cancer Screening,

Attachments

Applicable procedure

Exclusions

Consultation / Claim Form

Prescription Form

✓ Ask for Authorization

1 Referral Document

