IBRAHIM LUKYAMUZI,784-1990-7940858-1

Effective from : **01-Nov-2022**to **31-Oct-2023**at Dubai Insurance

Required Treatment is OutPatient

Reference No: R-000000206654275

Request Date: 07-Oct-2023 10:42:26

NAS NAS

Eligible

Exceptional Case Selected : **Yes**

Value Network [Applicable Tariff: Value Network]

Referral required :	**Specialist Visit Subject to GP Referra Only**
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Copay 20% Max 25.00 AED applicable for :	Consultation / Evaluation and Management
Copay 20% applicable for :	Dental Emergency, Hearing Test , 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 approval.

Adult Vaccinations - Mandatory, Breast Cancer Screening,

Attachments

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

Ask for Authorization

Referral Document