



Antonette Abing Soberano,784-1997-0326539-9 ⓘ
Effective from : 25-Nov-2022to 31-Oct-2023at Al Hilal Takaful
Required Treatment is OutPatient
Reference No: R-000000208876900
Request Date: 20-Oct-2023 10:31:01



Eligible

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

Copayment : 20%

- > Referral required : **No referral required for specialist consultation**
- > Copay 10% Max 50.00 AED Consultation / Evaluation applicable for : and Management
- > Not covered on direct billing :Home Health Services

 Approval Requirements

Approval required for all treatment related to:
Acute Drugs, C.T Scan, Child Vaccinations - Mandatory, Chronic Drugs, Endoscopy, Immunomodulators, M.R.I, PET Scan, Physiotherapy, Vitamins
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