ABIN ODANIYAL SIBI,784-2000-8691796-8

Effective from : **22-Aug-2023**to **31-Oct-2023**at Dubai Insurance

Required Treatment is OutPatient

**Reference No: R-000000210439606**

**Request Date: 29-Oct-2023 10:18:50**

NAS

NAS

Eligible

Exceptional Case Selected : **Yes**

## Value Network [Applicable Tariff: Value Network]

| | |
|---|---|
| Referral required : | **Specialist Visit Subject to GP Referral Only** |
| Referral required : | **Specialist Visit Subject to GP Referral Only** |
| 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