











**KEZIAH JOY AMOIN NIEVA**,784-1989-0803828-8 ①

Effective from: 01-Apr-2023to 31-Mar-2024at Dubai Insurance

Required Treatment is OutPatient
Reference No: R-000000216767368
Request Date: 04-Dec-2023 21:36:30







Restricted Network [Applicable Tariff: Restricted Network]

- > Referral required No referral required for specialist : consultation
- Copay 20% Max 50.00 AED applicable for:

Consultation / Evaluation and Management

Copay 20% applicable Dental Emergency, Hearing Test , Visior for:
Test

> Copay 100% applicable for : Palliative

## ✓ Approval Requirements

## Approval required for all treatment related to:

Acute Drugs, Adult Vaccinations - Mandatory, Breast Cancer Screening, C.T Scan, Child Vaccinations - Mandatory, Chronic Drugs, Circumcision, Diabetic Consumables, Dialysis, Endoscopy, Hearing Test, H....

Encounter has aggregate net amount AED 700.00 or above for all other services excluding consultation requires approval.

## Attachments

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Applicable procedure

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Exclusions

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Consultation / Claim Form

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Prescription Form

Ask for Authorization

1 Referral Document

