Indhuja Velusamy Velusamy,784-1993-4225293-1

Effective from : **01-Oct-2023**to **30-Sep-2024**at Orient Insurance

Required Treatment is OutPatient

Reference No: R-000000221337331

Request Date: 31-Dec-2023 20:51:16

NAS NAS

Eligible

General Network [Applicable Tariff: General Network]

Referral required : **No referral required for specialist consultation**

Copay 20% Max 50.00 AED applicable for : Consultation / Evaluation and Management

Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Breast Cancer Screening, C.T Scan, Chronic Drugs, Diabetic Consumables, Dialysis, Endoscopy, Hearing Test , Immunomodulators, M.R.I, PET Scan, Physiotherapy, Pre-Op Tests, Prostate Cancer ... See More

Encounter has aggregate net amount AED 1,500.00 or above for all other services excluding consultation requires approval.

Attachments

Applicable procedure

Exclusions

Consultation / Claim Form

Prescription Form

Ask for Authorization

Referral Document

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