FRANCES GAIL DELIM ORIONDO,91A9-2G4C-DCDR-IDEA
Effective from : **09-Oct-2023**to **30-Apr-2024**
at Al Buhaira National Insurance Company
Required Treatment is OutPatient
Reference No: R-000000226012831
Request Date: 31-Jan-2024 21:10:49

Eligible

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

Copayment : 20%

- Referral required :**No referral required for specialist consultation**
- Copay 20% Max 100.00 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, Circumcision, Diabetic Consumables, Endoscopy, Hearing Test , Hormone Replacement Therapy (HRT), Immunomodulators, M.R.I, PET Scan, Pap S ... See More

Encounter has aggregate net amount AED 700.00 or above for all other services excluding consultation requires approval.
Adult Vaccinations - Mandatory, Child Vaccinations - Mandatory, Diagnostics NEC,

Attachments

Applicable procedure

Exclusions

Consultation / Claim Form

Prescription Form

Please allow browser pop-ups in order to see the report.

Ask for Authorization

Referral Document