AMNEH YOUSEF ABDUL KAREEM HASAN,784-1996-7659658-0
Effective from : **14-Feb-2024** to **13-Feb-2025** at Union Insurance
Required Treatment is OutPatient
Reference No: R-000000231196453
Request Date: 06-Mar-2024 14:48:26

Eligible

Restricted Network [Applicable Tariff: Restricted Network]

- Referral required : **No referral required for specialist consultation**
- Copay 10% applicable for : Consultation / Evaluation and Management, Laboratory, Ultrasound, X-Ray, C.T Scan, M.R.I, Radiology NEC, Physiotherapy, PET Scan, Endoscopy, Diagnostics NEC
- Copay 20% applicable for : Dental Emergency
- Copay 10% applicable for : Acute Drugs, Chronic Drugs, Immunomodulators, Vitamins

Approval Requirements

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