







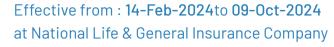






### IMESH MANUSHA RATHNAYAKA LIYANAGE, GFA8-FAE2-C2CG-JCDE

**(i)** 



Required Treatment is OutPatient Reference No: R-000000231251401 Request Date: 06-Mar-2024 19:10:43









Exceptional Case Selected : Yes

 Value Network [Applicable Tariff: Value Network]

### > Referral required : Specialist Visit Subject to GP Referral Only

Copay 10% Laboratory, Ultrasound, X-Ray, C.T Scan, M.R.I, applicable Radiology NEC, Physiotherapy, PET Scan, Endoscopy, Diagnostics NEC

> Copay 20% Max 25.00 AED Consultation / Evaluation and applicable for: Management

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

> Copay 10% Acute Drugs, Chronic Drugs, Immunomodulators, Vitamins applicable for:

# 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, Child Vaccinations - Mandatory, Diabetic Consumables, Diagnostics NEC,

## Attachments

Applicable procedure

**Exclusions** 

Consultation / Claim Form

**Prescription Form** 

Ask for Authorization

1 Referral Document

