



FATIMA REHMAN,784-1984-6197502-5 ⓘ
Effective from : 01-Apr-2024to 31-Mar-2025at Watania Takaful Family
Required Treatment is OutPatient
Reference No: R-000000238423462
Request Date: 30-Apr-2024 16:31:21



Eligible



General Network [Applicable Tariff: General Network]

Copayment : 20%

- > Referral required : **No referral required for specialist consultation**
- > NIL copay for any Cancer Related Treatments
- > Not covered on direct billing : Teleconsultations
- > Copay 30% : Acute Drugs, Chronic Drugs, applicable for : Immunomodulators, Supplements, 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 , Hormone Replacement Therapy (HRT), Immunomodulators, M.R.I, PET Scan, Physiotherapy, Pre- ... [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