











Required Treatment is OutPatient
Reference No: R-000000241727620
Request Date: 21-May-2024 18:02:48







# Workers Network [Applicable Tariff: Workers Network]

## Referral required No referral required for specialistconsultation

Selected health plan pharmacy coverage is limited to DHA/Shifa Formulary medications, please make sure to select from the enlisted drug products to avoid further rejections

Copay 10% Laboratory, Ultrasound, X-Ray, C.T Scan, M.R.I,
 applicable for: NEC

Copay 20% Max 30.00 AED Consultation / Evaluation and applicable for:
Management

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### ✓ 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,
Prostate Cancer Screening ... See More

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

1 Referral Document

