FATIMA ALZAHRA ASSAD,61N6-MMMM-VMVR-TVAE
Effective from : **01-Apr-2024**to **31-Mar-2025**at Watania Takaful Family
Required Treatment is OutPatient
Reference No: R-000000242809234
Request Date: 28-May-2024 12:11:09

Eligible

Restricted Network [Applicable Tariff: Restricted 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% applicable for : Acute Drugs, Chronic Drugs, 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 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