



MUHAMMAD KABIR RAZA,784-1986-4286475-9 ⓘ
Effective from : 01-Apr-2024to 31-Mar-2025at Watania Takaful Family
Required Treatment is OutPatient
Reference No: R-000000246092668
Request Date: 19-Jun-2024 09:19:01



Eligible

🔑 Exceptional Case Selected : **Yes**

⚕️ Value Network [Applicable Tariff: Value Network]

- > Referral required :**Specialist Visit Subject to GP Referral Only**
- > 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 20% Max 25.00 AED Consultation / Evaluation and applicable for : Management
- > Not covered on direct billing : Teleconsultations
- > Copay 20% Acute Drugs, Chronic Drugs, applicable for : Immunomodulators, Supplements, Vitamins
- > Copay 20% Max C.T Scan, Diagnostics NEC, Endoscopy,

☑️ Approval Requirements

Approval required for all treatment related to:
Acute Drugs, C.T Scan, Chronic Drugs, Endoscopy, Immunomodulators, M.R.I, PET Scan, Physiotherapy, Vitamins
Encounter has aggregate net amount AED 100.00 or above for all other services excluding consultation requires approval.
Accidental Death, Breast Cancer Screening, Child Vaccinations - Mandatory, Diabetic Consumables, Diagnostics NEC, Hearing Test ,

📎 Attachments

- 📄 Applicable procedure
- 📄 Exclusions
- 📄 Consultation / Claim Form
- 📄 Prescription Form

☑️ Ask for Authorization

📄 Referral Document