KHALID GAFAR HASSAN MOHAMEDTAHIR,784-1994-4246160-6
Effective from : **01-Aug-2024** to **31-Jul-2025**
at Al Sagr National Insurance Company
Required Treatment is OutPatient
Reference No: R-000000258429787
Request Date: 10-Sep-2024 14:35:00

Eligible

Restricted Network [Applicable Tariff: Restricted Network]

- Referral required : **No referral required for specialist consultation**
- Copay 20% Max 50.00 AED applicable for : Consultation / Evaluation and Management, Teleconsultations
- Copay 10% Max 50.00 AED applicable for : Acute Drugs, C.T Scan, Chronic Drugs, Diagnostics NEC, Endoscopy, Immunomodulators, Laboratory, M.R.I, PET Scan, Radiology NEC, Ultrasound, Vitamins, X-Ray

Approval Requirements

Approval required for all treatment related to:
Breast Cancer Screening, C.T Scan, Circumcision, Diabetic Consumables, Endoscopy, M.R.I, PET Scan, Physiotherapy, Vision Test

Encounter has aggregate net amount AED 700.00 or above for all other services excluding consultation requires approval.
Acute Drugs, Adult Vaccinations - Mandatory, Child Vaccinations -

Attachments

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

Ask for Authorization

Referral Document