KATELYN DONOVAN,A1G2-JAF2-C2CG-JCDE

Effective from : **26-Nov-2024**to **31-Mar-2025**at Watania Takaful Family

Required Treatment is OutPatient

Reference No: R-000000283316266

Request Date: 05-Feb-2025 16:47:11

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% applicable for : Acute Drugs, Chronic Drugs, Immunomodulators, Supplements, Vitamins

Approval Requirements

Approval required for all treatment related to:
Acute Drugs, C.T Scan, Child Vaccinations - Mandatory, Chronic Drugs, Diabetic Consumables, Endoscopy, Hearing Test , Hormone Replacement Therapy (HRT), Immunomodulators, M.R.I, PET Scan, Physiotherap ... 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