



MORACA BILIZAR LEANNA MAE,6F3N-N33F-LFLK-2LED ⓘ
Effective from : 09-Feb-2025to 08-Feb-2026at Orient Insurance
Required Treatment is OutPatient
Reference No: R-000000285074911
Request Date: 15-Feb-2025 07:36:29



Eligible



Exceptional Case Selected : **Yes**



Value Lite OP - DXB & NE [Applicable Tariff: Value Network]

> Referral required :**Specialist Visit Subject to GP Referral Only**

> Copay 20% applicable for : Consultation / Evaluation and Management, Laboratory, Dental Emergency, Ultrasound, X-Ray, C.T Scan, M.R.I, Radiology NEC, Physiotherapy, PET Scan, Endoscopy, Dialysis, Teleconsultations, Diagnostics ... [See More](#)

> Copay 30% applicable for : Acute Drugs, Chronic Drugs, Immunomodulators, Vitamins

Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Adult Vaccinations - Mandatory, Breast Cancer Screening, C.T Scan, Child Vaccinations - Mandatory, Chronic Drugs, Diabetic Consumables, Diagnostics NEC, Dialysis, Endoscopy, Hearing Test ... [See More](#)

Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

☒ Ask for Authorization

☐ Referral Document