











LAMIAH. RABANEY,784-1992-1861080-8 ③

Effective from: 15-Jan-2025to 14-Jan-2026at Daman

Required Treatment is OutPatient
Reference No: R-000000285934612
Request Date: 19-Feb-2025 13:57:54







Value Network [Applicable Tariff: Value Network]

> Referral required No referral required for specialist : consultation

Copay 10% Laboratory, Ultrasound, X-Ray, C.T Scan, M.R.I, applicable Radiology NEC, Physiotherapy, PET Scan, for: Endoscopy, Diagnostics NEC

> Copay 20% Max 25.00 Consultation / Evaluation and AED applicable for : Management, Teleconsultations

- > Not covered on direct billing : Child Vaccinations Mandatory
- > Copay 100% applicable for : Dialysis

✓ 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.

Adult Vaccinations - Mandatory, Breast Cancer Screening, Child Vaccinations - Mandatory, Diabetic Consumables, Diagnostics NEC,

Attachments

Applicable procedure

Exclusions

Consultation / Claim Form

Prescription Form

✓ Ask for Authorization

1 Referral Document

