EDGAR JR ARTUZ MELLA,784-1973-9071065-1

Effective from : **23-Feb-2025** to **22-Feb-2026** at Orient Insurance

Required Treatment is OutPatient

Reference No: R-000000288316300

Request Date: 03-Mar-2025 17:32:09

Eligible

General Network [Applicable Tariff: General Network]

- Referral required : **No referral required for specialist consultation**
- Work Injury: Covered
- Deductible 50.00 AED applicable for : Consultation / Evaluation and Management
- Copay 20% applicable for : Acute Drugs, Chronic Drugs, Immunomodulators, Vitamins

Approval Requirements

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

Encounter has aggregate net amount AED 1,500.00 or above for all other services excluding consultation requires approval.
Acute Drugs, Chronic Drugs, Diagnostics NEC, Hearing Test , Immunomodulators, Laboratory, Non-surgical minor procedures, Pap

Attachments

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

Ask for Authorization

Referral Document