MORIENTE MYLROSE TIMOSA,784-1975-6263603-1

Effective from : **09-Feb-2025** to **08-Feb-2026** at Orient Insurance

Required Treatment is OutPatient

Reference No: R-000000295071589

Request Date: 12-Apr-2025 11:35:01

Eligible

Exceptional Case Selected : **Yes**

Value Lite OP - DXB-NE & AUH [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