

DADIVAS GENELYN RATONEL,N326-N33F-LFL6-MLED

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

Required Treatment is OutPatient

Reference No: R-000000312713965

Request Date: 11-Jul-2025 15:42:27

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