APSANA NALABAND,784-1998-8741829-3

Effective from : **09-Oct-2023** to **08-Oct-2024** at Orient Insurance

Required Treatment is OutPatient

Reference No: R-000000255371806

Request Date: 21-Aug-2024 20:44:49

Eligible

Restricted Network [Applicable Tariff: Restricted Network]

Referral required : **No referral required for specialist consultation**

Copay 20% Max 50.00 AED applicable for : Consultation / Evaluation and Management

Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Breast Cancer Screening, C.T Scan, Chronic Drugs, Diabetic Consumables, Endoscopy, Hearing Test , Immunomodulators, M.R.I, PET Scan, Physiotherapy, Pre-Op Tests, Prostate Cancer Screening ... See More

Encounter has aggregate net amount AED 1,000.00 or above for all other services excluding consultation requires approval.

Attachments

Pre-Auth protocols

Overseas Pre-Auth protocols

Consultation / Claim Form

Prescription Form

Ask for Authorization

Referral Document