Approval					Route of Communication
Services	TAT	Needed Documents	Route For Each Service	One Stop Shop	
All services at the following clinics require Prior approval from GlobeMed: -Nutrition Clinics -Sleep Clinics -Psychaitry Clinics -Speech Therapy clinics -Pain Management Clinics -Vascular Clinics (Except Consultation) -Urology Clinics (Except Consultation) -Kidney Dialysis	2 hours		prior approval must be issued	not applicable except if mentioned in TOB	approvals@globemedegypt.com
Only services between brackets in the following clinics that requires prior approval -Gynecology Clinics (All Contraceptive and Family planning Measures and All Ant Natal Care except Consultation & Ultrasound) -Dermatology Clinics (All Laser, Cosmetics hair and skin therapy procedures) -Opthalmology Clinic (Any retinal investigation procedures and All yag and Argon laser And All intraocular injections) -Internal medicine Clinics (All Endoscopes) -Dental Services (Except consultation)					approvals@globemedegypt.com
Physiotherapy	2 hours	Medical report mentioning diagnosis Onset date of symptoms Treatment plan scan report	prior approval required		approvals@globemedegypt.com
Radio-therapy and Chemo-therapy	2 hours		prior approval required		approvals@globemedegypt.com
LABORATORY SERVICES The following labs requires prior approval from GlobeMed: -In case total needed services exceed 1000 EGP -All hormonal labs except thyroid -All tumor markers except (CEA, PSA T&F, AFP, CA 15-3 CA 19-9, CA 125) -All Vitamins, Minerals and Drug serum level -LIPID PROFILE -PCR -HIV / AIDS -HBA1C -SEMEN ANALYSIS -HISTOPATHOLOGY -Check Up	2 hours		must be performed within a lab using form or prior approval if consultation is outside the network		approvals@globemedegypt.com

Radiology SERVICES The following Scans require prior approval from GlobeMed: -In case total needed service exceeds 1000 EGP -MRI -PET SCAN -Radioactive SCAN -Radioactive SCAN -AII CT SCAN -DEXA SCAN -DEXA SCAN -NERVE CONDUCTION -EMG -EEG -HOLTER ECG -Interventional procedures e.g. ERCP -U/S 3D, 4D -Penile Doppler -Pregnancy Doppler	2 nours	prescription mentioning diagnosis	must be performed within a scan center using form or prior approval if consultation is outside the network	approvals@globemedegypt.com
Chronic Medications	1 working day	 1.card copy 2.Prescription including Diagnosis. 3.Dosage & Duration of treatment. 4.Pharmacy name and branch. 		<u>chronicegypt@globemedegypt.com</u>