

Approvals				One Stop Shop	Route of Communication
Service name	TAT	Needed Documents	Route For Each Service		
Inpatient Services: Surgery	2 Hours	1. card copy 2. Detailed medical report including: Symptoms /onset date of symptoms. Diagnosis Admission date Expected length of stay Provider name 3. Lab and scan reports.	Step 1: The beneficiary should proceed to the emergency unit of the nearest contracted hospital just by showing up NEXtCARE card. In case patient forgot his medical card he can contact the call center for assistance. Step 2: No pre-approval is needed. Approvals (if needed) are taken within 24 hours of admission through the Provider-NEXtCARE channel.	Present	cs.eg@nextcarehealth.com
Labs And Scans: -CT -MRI -Duplex -Isotopic Scan -Echo and Intervention Scan -Hormones ,Tumor &Viral Markers -PCR -histopathology or tissue sampling.	2 Hours	1. card copy 2. Prescription including diagnosis / test name . 3. Provider name and branch	Step1: The beneficiary heads to a private clinic or outpatient department of our Network Hospitals to be examined by a physician Step 2: If further laboratory/ radiology investigations are needed, the doctor will provide the beneficiary with a Redcarbon form (laboratory Form) or with a bluecarbon form (radiology Form) to hand it over to the radiology center.		cs.eg@nextcarehealth.com
Chronic medications	1 working day	1. card copy 2. Prescription including Diagnosis. 3. Dosage & Duration of treatment. 4. Pharmacy name and branch.			chronic.eg@nextcarehealth.com

Medication: -Medications more than EGP 500 -chemotherapy drugs -vitamins -medical supplies -medications not prescribed on NEXtCARE form.	2 Hours	1. card copy 2. Prescription including Diagnosis. 3. Dosage & Duration of treatment. 4. Pharmacy name and branch.			cs.eg@nextcarehealth.com
Dental Services	2 Hours	1. card copy 2. Doctor request mentioning number of teeth and treatment name (filling , extraction...etc) 3. Provider name & branch.			cs.eg@nextcarehealth.com
Physiotherapy	2 Hours	1. card copy. 2. Prescription including diagnosis. 3. Detailed medical report and request from the treating physician (Orthopedic or Neurologist) + medical history + number of sessions needed + affected organ + scan report 4. Provider name & branch			cs.eg@nextcarehealth.com
Optical	2 Hours	1. card copy 2. Up-to-date eye sight examination. 3. Provider name & branch .			cs.eg@nextcarehealth.com
Any service that is covered up to a sub-limit, e.g.: Maternity	2 Hours				cs.eg@nextcarehealth.com