



FAHAD ALI AHMAD ALBALOOSHI,784-1984-0254626-5 ⓘ

Effective from : 01-Jan-2023to 31-Dec-2023at ENAYA

Required Treatment is Dental

Reference No: R-000000188844742

Request Date: 11-Jun-2023 14:13:12



Eligible

⛶ Platinum [Applicable Tariff: ENAYA Platinum]

Copayment : 10%

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

☑ Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Chronic Drugs, Consultation / Evaluation and Management, Endodontics Treatment, Periodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Restorative Treatments, Routine Den ... [See More](#)

📎 Attachments



Pre-Auth protocols



Exclusions



Consultation / Claim Form



Prescription Form

☑ Ask for Authorization

📄 Referral Document