



Jowaher Adel Alzedjali,784-2007-5315418-4 ⓘ
Effective from : 01-Jan-2023to 31-Dec-2023at ENAYA
Required Treatment is OutPatient
Reference No: R-000000213993325
Request Date: 18-Nov-2023 10:43:19



Eligible

Platinum [Applicable Tariff: ENAYA Platinum]

Copayment : 10%

- > Referral required **No referral required for specialist consultation**
- > Copay 50% applicable for :Lasik Surgery, Hearing Aid
- > Not covered on direct billing :Child Vaccinations - Mandatory
- > Copay 5% Acute Drugs, Chronic Drugs, applicable for : Immunomodulators, Supplements, Vitamins
- > Copay 50% Max 3,000.00 AED Durable Medical Equipments, applicable for : Orthotics
- > Branded Copay 10% Acute Drugs, Chronic Drugs, Vitamins,

Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Adult Vaccinations - Additional, Breast Cancer Screening, C.T Scan, Child Vaccinations - Mandatory, Chronic Drugs, Circumcision, Dialysis, Dietician Services, Endoscopy, Hearing Aid, Horm ... [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



Exclusions



Consultation / Claim Form



Prescription Form

☒ Ask for Authorization

☐ Referral Document