



Elsayed Tageldin Elsayed,784-1975-9435109-6 ⓘ
Effective from : 01-Jan-2023to 31-Dec-2023at ENAYA
Required Treatment is OutPatient
Reference No: R-000000216245440
Request Date: 30-Nov-2023 21:19:38



Eligible

+ Silver [Applicable Tariff: ENAYA Silver]

Copayment : 20%

- > 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 10% Acute Drugs, Chronic Drugs, applicable for : Immunomodulators, Supplements, Vitamins
- > Copay 50% Max 3,000.00 AED Durable Medical Equipments, applicable for : Orthotics
- > Branded Copay 20% 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