


# Eligibility Checking


Home (ClaimRegistration2.aspx) / Eligibility Checking

 Amir G Foroozanfarholam is **Eligible** for **Dental** at **Dentistree Dental Clinic**

 Create Claim

 Print Form

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**Amir G Foroozanfarholam**

**INS001 - ENAYA**


**7327-4A49-DD18-71D6**

**Gender: Male**

**Date Of Birth: 18/01/1970**

**National ID: 784-1970-7021716-7**

**Identity Card: 784-1970-7021716-7**

 971504748047



**Service Date**

**22-01-2025 17:44:53**

**Class: C EXPATS**

**Policy Holder:** DUBAI MUNICIPALITY  
**Licensing Authority:** DHA  
**Validity Between:** 01/01/2024 - 31/12/2026  
**Beneficiary Start Date :** 01/01/2024

Coverage Information:

**Dental**

**Network Name:** ENAYA Silver

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## Benefits Highlight

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**Dental:**

Co-Part: 20%

**Gatekeeper:**

No

**Message:**

**Referral Details:**

Example: E-Referral Number-Doctor Specialty-Expiry Date-Allowed Number of Use

**Billing:**

Direct and Reimbursement

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[FAQ \(Faq2.aspx\)](#)

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