



Please follow D

Support Tickets

Users

Lab

Patient Registra

Registration I

MORE

Clinic Invoice

0971126602318768

Mobile number*

United Arab Emirates (+

Enter mobile number as Example: 5011111111

Email

Email Address

Identification* ☐ No Emirates ID

Emirates ID

XXX-XXXX-XXXXXXX-X

Select Doctor *

RESET

SAVE & QUEUE

PRINT CLAIM FORM

DOWNLOAD FLYER

Please follow your Network List for the services to be availed.

PRINT BENEFITS

SAVE BENEFITS AS PDF

Patient Data



First Name

TARUN

Last Name

KUMAR

Date of Birth

22 March 1992

Gender

Male

Start Date

01 December 2022

Expiry Date

30 November 2023

Member Network

Exclusive N2

Policy Holder

PHARMAX
PHARMACEUTICALS
FZ-LLC

Policy Issued From

Dubai-DHA

Member Benefits

Payer's Name