



Please follow D

Support Tickets

Users

Lab

Patient Registra

Registration I

MORE

Clinic Invoice

0971124402418198

Mobile number*

United Arab Emirates (+

553499485

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 NameAHTASHAM

Last NameDAR

Date of Birth17 March 1977

GenderMale

Start Date16 January 2023

Expiry Date15 January 2024

Member NetworkExclusive N2

Policy HolderSUHA HOSPITALITY LLC

Policy Issued FromDubai-DHA

Member Benefits

Payer's Name

Dubai