| | Cancel Print | Out Patient > | Enter Card Number/Emira Search |
|--|--------------|---------------|--------------------------------|
|--|--------------|---------------|--------------------------------|

| _ | |
|----------------------|---------------------------------------------------------------------------------|
| Pa | tient Information |
| Insurance Company | AL BUHAIRA NATIONAL INSURANCE COMPANY FMC TM (Plan Name: Dha Enhanced) |
| Member ID- CardNo | I020-010-117744301-02 |
| Member Name | Tahir Nadeem Abdul Rahman |
| DOB/Gender | 25 Dec 1991 / Male |
| Nationality | PAKISTAN |
| Valid Till | 28 Apr 2023 to 27 Apr 2024 |
| Status | MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES |
| Emirates ID | 784-1991-0372627-1 |

| Benefit | Coverage | Condition |
|------------------------------------|----------------------------------------|--------------------------|
| Plan Name | ABNIC TM DHA | |
| Formulary Applicable | Applicable | |
| Product Name | Dha Enhanced | |
| IP Network | Ip : Fmc Standard Network Hospitals | |
| GDF/MAF | NA | |
| Dental | No | |
| Maternity | No | 0 Days Waiting Period |
| Optical | No | |
| Work Related | No | |
| OP Network | Op - Std + Hospital | |
| Specialist Access | Through GP Referral | |
| Rooms & Boards for hospitalisation | Ward | Applicable For IP Only |
| Chronic | Yes | 0 Days Waiting Period |
| | • | ÷ |

| Deductible | Amoun | t(%) | |
|---------------------------------|-------|-------|-----------------------|
| Diagnostic & Treatment Services | 0.00 | 20.00 | Patient Mobile No: |
| For Dental & Gum | 0.00 | | |
| Gp | 25.00 | 20.00 | Purpose of patient vi |
| Gp Maternity | 0.00 | 10.00 | 1 |
| Hearing & Vision Aids | 0.00 | 20.00 | |
| Lab | 0.00 | 0.00 | Other multi- session |
| Medicine | 0.00 | 10.00 | |
| Medicine-Maternity | 0.00 | 10.00 | |
| Op Ante-Natal Services | 0.00 | 10.00 | In Case Of OTHERS |
| Outpatient Maternity | 0.00 | 10.00 | |
| Physiotherapy | 0.00 | 0.00 | Remark |
| Procedure | 25.00 | 20.00 | Remarks |
| Radiology | 0.00 | 0.00 | |
| Spl | 25.00 | 20.00 | |
| Spl Maternity | 0.00 | 10.00 | |

| * |
|---------------------------------------------------|
| Purpose of patient visit * |
| Doctor consultation |
| □Physiotherapy session |
| Other multi- session treatment like injections, |
| nebulization |
| □Lab or radiology investigations |
| Others |
| In Case Of OTHERS, Please specify the reason/s in |
| Remark |
| Remarks |
| |