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Dashboard Register Patient

My Account
Mr PESHAWAR MEDICAL CENTER LLC- DUBAI

This is an ... requires appr ... pm to 8 am) ar ... ve or any referral service ... for OP during night time (10 ... s require approval excluding

Support Tickets Users Lab

Clinic Invoice

MORE

Mobile number*

United Arab Emirat ... 95

Email

Email Address

Identification*

Emirates ID 784-1994-9679315-1

Select Doctor *

RESET SAVE & QUEUE PRINT CLAIM FORM

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

Patient Data

First Name	sara
Last Name	mohamed
Date of Birth	06 April 1994
Gender	Female
Start Date	01 May 2023
Expiry Date	30 April 2024
Member Network	**EBP Network** (Please follow EBP network protocols.)
Policy Holder	sara mohamed
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name

Islamic Arab Insurance Co. (P.S.C.)_Peak Re_EBP_TPA

Assist America Coverage