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| Patient Information    |                                                                        |       | Benefit                                                                               | Coverage    |
|------------------------|------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------|-------------|
| Insurance Company      | AL BUHAIRA NATIONAL INSURANCE COMPANY FMC TM (Plan Name: Dha Enhanced) |       | Plan Name                                                                             | ABNIC TM    |
| Member ID-CardNo       | 1020-010-117181888-01                                                  |       | Formulary Applicable                                                                  | Applicable  |
| Member Name            | Mannar Emad Abdallah Hassan                                            |       | Product Name                                                                          | Dha Enhanc  |
| DOB/Gender             | 20 Jan 2000 / Female                                                   |       | OP Network                                                                            | Fmc Stand   |
| Nationality            | EGYPT                                                                  |       | IP Network                                                                            | Ip : Fme St |
| Valid Till             | 02 Feb 2023 to 01 Feb 2024                                             |       | Dental                                                                                | No          |
| Status                 | MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES               |       | GDF/MAF                                                                               | No          |
| Emirates ID            | 784-2000-2145749-2                                                     |       | Maternity                                                                             | No          |
|                        |                                                                        |       | Optical                                                                               | No          |
|                        |                                                                        |       | Work Related                                                                          | No          |
|                        |                                                                        |       | Specialist Access                                                                     | Through G   |
|                        |                                                                        |       | Rooms & Boards for hospitalisation                                                    | Ward        |
|                        |                                                                        |       | Chronic                                                                               | Yes         |
| Deductible             | Amount                                                                 | (%)   |                                                                                       |             |
| Gp                     | 25.00                                                                  | 20.00 | Patient Mobile No : 0565542806                                                        |             |
| Gp Maternity           | 0.00                                                                   | 10.00 | Purpose of patient visit *                                                            |             |
| Hearing & Vision Aids  | 0.00                                                                   | 20.00 | <input checked="" type="checkbox"/> Doctor consultation                               |             |
| Lab                    | 0.00                                                                   | 0.00  | <input type="checkbox"/> Physiotherapy session                                        |             |
| Medicine               | 0.00                                                                   | 0.00  | <input type="checkbox"/> Other multi- session treatment like injections, nebulization |             |
| Medicine-Maternity     | 0.00                                                                   | 10.00 | <input type="checkbox"/> Lab or radiology investigations                              |             |
| Op Ante-Natal Services | 0.00                                                                   | 10.00 | <input type="checkbox"/> Others                                                       |             |
| Outpatient Maternity   | 0.00                                                                   | 10.00 | In Case Of OTHERS, Please specify the reason/s in Remark                              |             |
| Physiotherapy          | 0.00                                                                   | 0.00  | Remarks                                                                               |             |
| Procedure              | 25.00                                                                  | 20.00 |                                                                                       |             |
| Radiology              | 0.00                                                                   | 0.00  |                                                                                       |             |
| Spl                    | 25.00                                                                  | 20.00 |                                                                                       |             |
| Spl Maternity          | 0.00                                                                   | 10.00 |                                                                                       |             |