



Please follow D

Support Tickets

Users

Lab

0971126602318754

Mobile number*

United Arab Emirate

Clinic Invoice

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.

Patient Data



First Name

SANA ABDUL

Last Name

MANNAN SYED

Date of Birth

25 July 1993

Gender

Female

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