| | | Canc | el Prin | t | Out P | Patient 🗸 | 1011-010-11534108 | 0-02 Search |
|--|-------------------------------------|-------|----------------|--|---------------------|---|-------------------|-----------------------------|
| | | | | Benefit | (| Coverage | | Condition |
| | | | Formulary | | Applicable | | | |
| | | | Applicable | | Applicable | | | |
| | | | | Plan Name | A | ASNIC TM DHA | | |
| | Dations Information | | | Product Name | e I | Oha Enha | nced | |
| Patient Information AL SAGR NATIONAL INSURANCE | | | Specialist Acc | | | | | |
| Insurance Company | CO. (PSC) (Plan Name Enhanced) | | | OP Network | | Fmc Standard Network Clinics+ASTER HOSPITAL | | |
| Member ID- CardNo | I011-010-115341080-02 | | | | | BR OF ASTER DM HEALTHCARE FZC DUBAI Ip : Fmc Standard Network | | |
| Member | Monica Mwikali Munyao | | | IP Network | I | Hospitals | | |
| Name | , | _ | | GDF/MAF | | NA | | |
| DOB/Gender | 27 Jul 1977 / Female | | | Dental | 1 | No | | |
| / | KENYA 08 Jun 2023 to 07 Jun 2024 | | | Maternity | | No | | 0 Days Waiting |
| Valid Till | | | | | | | | Period |
| Status MEMBER IS ELIGIBLE IN YOUR | | | | Optical | | No | | |
| | FACILITY FOR MEDICAL SERVICES | | | Work Related | | No | | |
| Emirates ID | 784-1977-3652195-2 | | | Rooms & Boa for hospitalisation | V | Ward | | IP Only |
| | | | | Chronic | | Yes | | 0 Days Waiting Period |
| Deductible | Amount | t(%) | | | | | | |
| Diagnostic & Treatment Services For Dental & Gum | | 0.00 | 0.00 | Patient Mobile | ient Mobile No : | | | |
| Gp | | 50.00 | 20.00 | Purpose of pat | patient visit * | | | |
| Gp Maternity | | 0.00 | 10.00 | □Doctor cons | Doctor consultation | | | |
| Hearing & Vision Aids | | 0.00 | 0.00 | □Physiotherapy session | | | | |
| Inpatient Maternity | | 0.00 | 10.00 | Other multi- session treatment like injections, nebulization | | | | |
| Lab | | 0.00 | 0.00 | ••• | | | | |
| Medicine | | 0.00 | 10.00 | Lab or radiology investigations | | | | |
| Op Ante-Natal Services | | 0.00 | 10.00 | □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 | | 50.00 | 20.00 | | | | | |
| Radiology | | 0.00 | 0.00 | | | | | |
| Spl | | | 20.00 | | | | | |
| Spl Maternity | | 0.00 | 10.00 | | | | | |