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I020-010-117415422-02

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| Patient Information |                                                                        |
|---------------------|------------------------------------------------------------------------|
| Insurance Company   | AL BUHAIRA NATIONAL INSURANCE COMPANY FMC TM (Plan Name: Dha Enhanced) |
| Member ID-CardNo    | I020-010-117415422-02                                                  |
| Member Name         | Waqas Ali Mazhar Hussain                                               |
| DOB/Gender          | 08 Mar 1990 / Male                                                     |
| Nationality         | PAKISTAN                                                               |
| Valid Till          | 28 Apr 2023 to 27 Apr 2024                                             |
| Status              | <b>MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES</b>        |
| Emirates ID         | 784-1990-3510538-8                                                     |

| 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                                       | Amount | (%)   |
|--------------------------------------------------|--------|-------|
| Diagnostic & Treatment Services For Dental & Gum | 0.00   | 20.00 |
| Gp                                               | 25.00  | 20.00 |
| Gp Maternity                                     | 0.00   | 10.00 |
| Hearing & Vision Aids                            | 0.00   | 20.00 |
| Lab                                              | 0.00   | 0.00  |
| Medicine                                         | 0.00   | 10.00 |
| Medicine-Maternity                               | 0.00   | 10.00 |
| Op Ante-Natal Services                           | 0.00   | 10.00 |
| Outpatient Maternity                             | 0.00   | 10.00 |
| Physiotherapy                                    | 0.00   | 0.00  |
| Procedure                                        | 25.00  | 20.00 |
| Radiology                                        | 0.00   | 0.00  |
| Spl                                              | 25.00  | 20.00 |
| Spl Maternity                                    | 0.00   | 10.00 |

Patient Mobile No :

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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