Cancel Print Out Patient ➤ 1020-010-118526841-02 Search

Renefit Coverage Condition

Patient Information					
Insurance Company	AL BUHAIRA NATIONAL INSURANCE COMPANY FMC TM (Plan Name: Dha Enhanced)				
Member ID- CardNo	I020-010-118526841-02				
Member Name	Nabeel Ahmad Muhammad Fateh				
DOB/Gender	02 Apr 1994 / Male				
Nationality	PAKISTAN				
Valid Till	28 Apr 2023 to 27 Apr 2024				
Status	MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES				
Emirates ID	784-1994-8074748-6				

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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

For Dental & Gum Gp	Deductible	Amount	t(%)	
Gp	1 0	0.00	20.00	Patient Mobile No:
Gp Maternity 0.00 10.00 Doctor consultation Hearing & Vision Aids 0.00 20.00 Physiotherapy session Lab 0.00 0.00 Other multi- session Medicine 0.00 10.00 Lab or radiology Op Ante-Natal Services 0.00 10.00 Others Outpatient Maternity 0.00 10.00 The Case Of OTHER Remark Physiotherapy 0.00 0.00 Remark Procedure 25.00 20.00 Spl 25.00 20.00	For Dental & Gum	0.00		
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	Gp	25.00	20.00	l —
Lab 0.00 0.00 Other multi- sessine bulization Medicine 0.00 10.00 Lab or radiology Medicine-Maternity 0.00 10.00 Other multi- sessine bulization Op Ante-Natal Services 0.00 10.00 Others Outpatient Maternity 0.00 10.00 In Case Of OTHER Remark Physiotherapy 0.00 0.00 Remark Procedure 25.00 20.00 Spl 25.00 20.00	Gp Maternity	0.00	10.00	
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	Hearing & Vision Aids	0.00	20.00	Other multi- session nebulization Lab or radiology i Others In Case Of OTHERS Remark
Medicine-Maternity 0.00 10.00 □ Lab or radiology Op Ante-Natal Services 0.00 10.00 □ Others Outpatient Maternity 0.00 10.00 In Case Of OTHER Remark Physiotherapy 0.00 0.00 Remark Procedure 25.00 20.00 Radiology 0.00 0.00 Spl 25.00 20.00	Lab	0.00	0.00	
Op Ante-Natal Services 0.00 10.00 Others Outpatient Maternity 0.00 10.00 In Case Of OTHER Physiotherapy 0.00 0.00 Remark Procedure 25.00 20.00 Radiology 0.00 0.00 Spl 25.00 20.00	Medicine	0.00	10.00	
Op Ante-Natar 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	Medicine-Maternity	0.00	10.00	
Physiotherapy 0.00 0.00 Remark Remarks Procedure 25.00 20.00 Radiology 0.00 0.00 Spl 25.00 20.00	Op Ante-Natal Services	0.00	10.00	
Procedure 25.00 20.00 Radiology 0.00 0.00 Spl 25.00 20.00	Outpatient Maternity	0.00	10.00	
Procedure 25.00 20.00 Radiology 0.00 0.00 Spl 25.00 20.00	Physiotherapy	0.00	0.00	
Spl 25.00 20.00	Procedure	25.00	20.00	
	Radiology	0.00	0.00	
Spl Maternity 0.00 10.00	Spl	25.00	20.00	
	Spl Maternity	0.00	10.00	

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0	Purpose of patient visit *	
0	□Doctor consultation	
0	□Physiotherapy session	
	Other multi- session treatment like injection	ons,
0	nebulization	
0	☐Lab or radiology investigations	
n	Others	
0	In Case Of OTHERS, Please specify the rea	son/s in
٦	Remark	
N	Remarks	