7/25/23, 10:25 AM Claim for Clinic

| | Cancel Pri | | | nt Ou | Out Patient ✔ I011-010- | | 1011-010-11858072 | 9-02 | Search | |
|---------------------------------|---|--------------------|--------------|---|-------------------------|---|-------------------|---------|---|--|
| | | | | Benefit | C | Coverage | | Cond | Condition | |
| | | | | Applicable | | Applicable | | | | |
| | | | | | | | | | | |
| Delieut Inc | | | Plan Name | Δ | ASNIC TM DHA | | | | | |
| Patient Information | | | Product Name | е Г | Dha Enhanced | | | | | |
| | AL SAGR NATIONAL INSURANCE CO. (PSC) (Plan Name: Dha Enhanced) | | | Specialist Access | | | | | | |
| | | | | | | Fmc Standard Network | | | | |
| Company | | | | ODNI 1 | | Clinics+ASTER HOSPITAL | | | | |
| | | | | | | BR OF ASTER DM HEALTHCARE FZC DUBAI | | | | |
| Member ID- CardNo | | 30729-02 | | | | | | | | |
| Member NABAGGE BOLL | | | | | | Ip : Fmc Standard Network | | | | |
| Name | NARJISSE BOUL | ARJISSE BOULAOUANE | | IP Network | | Hospitals | | | | |
| | 19 Nov 1994 / Fema | | | GDF/MAF | | NA | | | | |
| - | , | | | Dental | _ | No | | | | |
| , | MOROCCO | | | | | | | 0 Da | ys | |
| Valid Till | 08 Jun 2023 to 07 Jun 2024 | | | Maternity | | No | | Wait | • | |
| | | | | | | | | Perio | od | |
| | MEMBER IS ELIGIBLE IN | | | Optical | | lo | | | | |
| | YOUR FACILITY FOR | | | Work Related | | lo | | | | |
| MEDICAL SERVICES | | | | Rooms & Boards for | | | | | | |
| Emirates ID 784-1994-624769 | | | | | | | | IP Only | | |
| | | | | hospitalisation | n | | | 0 Da | | |
| | | | | Chronic | \ | Yes | 0 Da Wait | • | | |
| | 1 | | | | ics | | Perio | _ | | |
| Deductible | | Amount | (0/0) |] | | | | 1 0110 | <u>/ u </u> | |
| Diagnostic & Treatment Services | | | | Patient Mobile No: | | | | | | |
| For Dental & Gum | | 0.00 | 0.00 | 0566960387 * | | | | | | |
| Gp | | 50.00 | 20.00 | Purpose of patient visit * | | | | | | |
| Gp Maternity | | 0.00 | 10.00 | ✓Doctor consultation | | | | | | |
| Hearing & Vision Aids | | 0.00 | 0.00 | □Physiotherapy session | | | | | | |
| Inpatient Maternity | | 0.00 | 10.00 | Other multi- session treatment like injections, | | | | | | |
| Lab | | 0.00 | 0.00 | nebulization | | | | | | |
| 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 | | | | | | |
| Physiotherapy | | 0.00 | 0.00 | Remark | | | | | | |
| Procedure | | 50.00 | 20.00 | Remarks consultation | | | | | | |
| Radiology | | 0.00 | 0.00 | | | | | | | |
| Spl | | 50.00 | 20.00 | | | | | | | |
| Spl Maternity | | 0.00 | 10.00 | | | | | | | |