

					Cancel Print	
Member Eligibility Check						la.
					Benefit Formulary Applicable	Covera
Claim Form					Plan Name	Applic ASNIC
		Patient Information			Product Name	Dha Ei
Referal				Specialist Access	Direct	
	Insurance Company	`	PSC) (Plan Name: Dha Enhand	ced)		Fmc S
Encounter (Clinic)	Member ID-CardNo	I011-010-118001770-02		OP Network	FZC D	
	Member Name	Shymon John		IP Network	Ip : Fn	
Remitance Advice	DOB/Gender	18 Mar 1991 / Male			GDF/MAF	NA
	Nationality	INDIA			Dental	No
Old Encounter Download CPT's	Valid Till	08 Jun 2023 to 07 Jun 2024		Maternity	No	
	Status	MEMBER IS ELIGIBLE IN YOUR FACILITY	EOD MEDICAL SERVICES		Optical No	
			TOR PIEDICAL SERVICES		Work Related No	
	Emirates ID	784-1111-111111-1			Rooms & Boards for	
					hospitalisation	waru
Formulary					Chronic	Yes
Add Doctor	Deductible		Amount	(%)		
	Diagnostic & Treatment Services For Dental & Gum 0.00		0.00	Patient Mobile No :		
Provider Details	Gp 50.00 20.00		Purpose of patient visit *			
	Gp Maternity 0.00 10.00			Doctor consultation		
	Hearing & Vision Aids 0.00 0.00			Other multi- session treatment like inju		
Change Password	Inpatient Maternity 0.00 10.00					
	Lab 0.00 0.00			Others	itions	
RenewEmpanelment	Medicine		0.00		10.00 UOthers 10.00 In Case Of OTHERS, Please specify the	
				Remarks	speeny me	
	Outpatient Maternity 0.00 10.00 Physiotherapy 0.00 0.00			_		
	Inystituted by 50.00 20.00 Procedure 50.00 20.00			_		
	Radiology 0.00 0.00		_			
	Spl 50.00 20.00					
	Spl Maternity		0.00	10.00	_	