

| Patient Information |                                                                |
|---------------------|----------------------------------------------------------------|
| Insurance Company   | AL SAGR NATIONAL INSURANCE CO. (PSC) (Plan Name: Dha Enhanced) |
| Member ID-CardNo    | I011-010-118962309-02                                          |
| Member Name         | Sanjay                                                         |
| DOB/Gender          | 10 Feb 2002 / Male                                             |
| Nationality         | INDIA                                                          |
| Valid Till          | 08 Jun 2023 to 07 Jun 2024                                     |
| Status              | MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES       |
| Emirates ID         | 784-2002-7712935-7                                             |

| Benefit                            | Coverage                                                                        | Condition             |
|------------------------------------|---------------------------------------------------------------------------------|-----------------------|
| Formulary Applicable               | Applicable                                                                      |                       |
| Plan Name                          | ASNIC TM DHA                                                                    |                       |
| Product Name                       | Dha Enhanced                                                                    |                       |
| Specialist Access                  | Direct Access                                                                   |                       |
| OP Network                         | Fmc Standard Network Clinics+ASTER HOSPITAL BR OF ASTER DM HEALTHCARE FZC DUBAI |                       |
| IP Network                         | Ip : Fmc Standard Network Hospitals                                             |                       |
| GDF/MAF                            | NA                                                                              |                       |
| Dental                             | No                                                                              |                       |
| Maternity                          | No                                                                              | 0 Days Waiting Period |
| Optical                            | No                                                                              |                       |
| Work Related                       | No                                                                              |                       |
| Rooms & Boards for hospitalisation | Ward                                                                            | IP Only               |
| Chronic                            | Yes                                                                             | 0 Days Waiting Period |

| Deductible                                       | Amount | (%)   |
|--------------------------------------------------|--------|-------|
| Diagnostic & Treatment Services For Dental & Gum | 0.00   | 0.00  |
| Gp                                               | 50.00  | 20.00 |
| Gp Maternity                                     | 0.00   | 10.00 |
| Hearing & Vision Aids                            | 0.00   | 0.00  |
| Inpatient Maternity                              | 0.00   | 10.00 |
| Lab                                              | 0.00   | 0.00  |
| Medicine                                         | 0.00   | 10.00 |
| Op Ante-Natal Services                           | 0.00   | 10.00 |
| Outpatient Maternity                             | 0.00   | 10.00 |
| Physiotherapy                                    | 0.00   | 0.00  |
| Procedure                                        | 50.00  | 20.00 |
| Radiology                                        | 0.00   | 0.00  |
| Spl                                              | 50.00  | 20.00 |
| Spl Maternity                                    | 0.00   | 10.00 |

Patient Mobile No :\*

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