Please follow sta t i l p

Users Lab Clinic Invoice MORE

Patient Registrat

PRINT BENEFITS

SAVE BENEFITS AS PDF

Registration Details

0971 1033 0251 6895 01

Mobile number*

United Arab Emirates (+ | 547487320

Email

Email Address

Identification* No Emirates ID

Emirates ID | XXX-XXXX-XXXXXXX-X

Select Doctor *

RESET SAVE & QUEUE PRINT CLAIM FORM

Please follow your Network List for the services to be availed.

Patient Data

First Name
BILAL MOHAMMED

Last Name ABDUL VAHID

Date of Birth
18 August 1992

Gender Male

Start Date 25 April 2023

Expiry Date 24 April 2024

Member Network Silk Road

Policy Holder
BILAL MOHAMMED ABDUL VAHID

Policy Issued From Dubai-DHA