

Patient Registration



Registration Details

0971 1004 0046 5889 02

Mobile number*

United Arab Emirates (+ 971)



Enter mobile number as Example: 5011111111

Email

Email Address

Identification*



No Emirates ID

Emirates ID



XXX-XXXX-XXXXXXXX-X

Select Doctor *

RESET

SAVE & QUEUE

PRINT CLAIM FORM

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

PRINT BENEFITS

SAVE

Patient Data

Patient Registration

Registration Details

Card number

Please enter members 10 digit medical card number

Mobile number

Please select telephone country code

Email

Please enter a valid email address

Identification

Please select identification type

First Name

CHE

Last Name

VEL

Date of Birth

05 J

Gender

Fem

Start Date

02 S

Expiry Date

01 S

Member Network

Silk

Policy Holder

PAT

Policy Issued From

Duba

Member Benefits

Payer's Name

Orient Insurance PISC Enha

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ASCO
July 1975
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September 2023
September 2024
Road
CHI
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