

| Patient Information |                                                                   |
|---------------------|-------------------------------------------------------------------|
| Insurance Company   | AL SAGR NATIONAL INSURANCE CO. (PSC)<br>(Plan Name: Dha Enhanced) |
| Member ID-CardNo    | I011-010-118489050-02                                             |
| Member Name         | CHELSEA MARIE MANALO TORRES                                       |
| DOB/Gender          | 16 Jan 1999 / Female                                              |
| Nationality         | PHILIPPINES                                                       |
| Valid Till          | 08 Jun 2023 to 07 Jun 2024                                        |
| Status              | <b>MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES</b>   |
| Emirates ID         | 784-1999-9085590-2                                                |

| 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  |

Cancel Print

Out Patient ▼ I011-010-118489050-02 Search

| 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 |

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

|               |       |       |
|---------------|-------|-------|
| Spl           | 50.00 | 20.00 |
| Spl Maternity | 0.00  | 10.00 |