CardID I020-010-117121103-02

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| | Patient Information |
|----------------------|--|
| Insurance Company | AL BUHAIRA NATIONAL INSURANCE COMPANY FMC TM (Plan Name: Dha Enhanced) |
| Member ID- CardNo | I020-010-117121103-02 |
| Member Name | Bilal Ali Mushtaq Ali |
| DOB/Gender | 08 Jan 1998 / Male |
| Nationality | PAKISTAN |
| Valid Till | 28 Apr 2023 to 27 Apr 2024 |
| Status | MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES |
| Emirates ID | 784-1998-4268164-7 |

| | Benefit | Coverage | Condition |
|---|------------------------------------|--|--------------------------|
| | Plan Name | ABNIC TM DHA | |
| | Formulary Applicable | Applicable | |
| | Product Name | Dha Enhanced | |
| | IP Network | Ip : Fmc Standard Network Hospitals | |
| | GDF/MAF | NA | |
| | Dental | No | |
| | Maternity | No | 0 Days Waiting Period |
| | Optical | No | |
| | Work Related | No | |
| | OP Network | Op - Std + Hospital | |
| 1 | Specialist Access | Through GP Referral | |
| | Rooms & Boards for hospitalisation | Ward | Applicable For IP Only |
| | Chronic | Yes | 0 Days Waiting Period |

| Deductible | Amour | nt(%) |
|--|-------|-------|
| Diagnostic & Treatment Services For Dental | 0.00 | 20.00 |
| & Gum | 0.00 | 20.00 |
| Gp | 25.00 | 20.00 |
| Gp Maternity | 0.00 | 10.00 |
| Hearing & Vision Aids | 0.00 | 20.00 |
| Lab | 0.00 | 0.00 |
| Medicine | 0.00 | 10.00 |
| Medicine-Maternity | 0.00 | 10.00 |
| Op Ante-Natal Services | 0.00 | 10.00 |
| Outpatient Maternity | 0.00 | 10.00 |
| Physiotherapy | 0.00 | 0.00 |
| Procedure | 25.00 | 20.00 |
| Radiology | 0.00 | 0.00 |
| Spl | 25.00 | 20.00 |
| Spl Maternity | 0.00 | 10.00 |

| 00 | Patient Mobile No: | |
|-----|--|------------------|
| | | * |
| 00 | Purpose of patient visit * | |
| 0(| ☐Doctor consultation | |
|)() | ☐Physiotherapy session | |
|) | Other multi- session treatment like injection | ns, nebulization |
|)() | | |
|)() | ☐Lab or radiology investigations | |
|)() | Others | |
|)() | In Case Of OTHERS, Please specify the reason Remarks | on/s in Remark |
| ,,, | Remarks | |