

| Patient Information |                                                           |
|---------------------|-----------------------------------------------------------|
| Insurance Company   | DUBAI INSURANCE COMPANY (P.S.C) (Plan Name: Dha Enhanced) |
| Member ID-CardNo    | I005-010-118057599-01                                     |
| Member Name         | SITINA                                                    |
| DOB/Gender          | 11 Sep 1996 / Female                                      |
| Nationality         | ETHIOPIA                                                  |
| Valid Till          | 07 Sep 2023 to 06 Sep 2024                                |
| Status              | MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES  |
| Emirates ID         | 784-1996-1530238-9                                        |

| Benefit                            | Coverage                                                                                                                              | Condition             |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Formulary Applicable               | Applicable                                                                                                                            |                       |
| Product Name                       | Dha Enhanced                                                                                                                          |                       |
| Plan Name                          | DIC TM                                                                                                                                |                       |
| OP Network                         | Fmc Standard Network Clinics+ASTER HOSPITAL BR OF ASTER DM HEALTHCARE FZC DUBAI+NMC ROYAL HOSPITAL L.L.C. (FORMERLY NMC HOSPITAL LLC) |                       |
| IP Network                         | Ip : Fmc Standard Network Hospitals                                                                                                   |                       |
| GDF/MAF                            | NA                                                                                                                                    |                       |
| Dental                             | No                                                                                                                                    |                       |
| Maternity                          | No                                                                                                                                    | 0 Days Waiting Period |
| Optical                            | No                                                                                                                                    |                       |
| Work Related                       | No                                                                                                                                    |                       |
| Specialist Access                  | Through GP Referral                                                                                                                   |                       |
| Rooms & Boards for hospitalisation | Ward                                                                                                                                  | IP Only               |
| Chronic                            | Yes                                                                                                                                   | 0 Days Waiting Period |

| Deductible                                       | Amount | (%)   |
|--------------------------------------------------|--------|-------|
| Diagnostic & Treatment Services For Dental & Gum | 0.00   | 20.00 |
| Gp                                               | 0.00   | 20.00 |
| Gp Maternity                                     | 0.00   | 10.00 |
| Hearing & Vision Aids                            | 0.00   | 20.00 |
| Lab                                              | 0.00   | 20.00 |
| Medicine                                         | 0.00   | 30.00 |
| Medicine-Maternity                               | 0.00   | 10.00 |
| Op Ante-Natal Services                           | 0.00   | 10.00 |
| Outpatient Maternity                             | 0.00   | 10.00 |
| Physiotherapy                                    | 0.00   | 20.00 |
| Procedure                                        | 0.00   | 20.00 |
| Radiology                                        | 0.00   | 20.00 |
| Spl                                              | 0.00   | 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