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Member Eligibility Check

Claim Form

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Formulary

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Home Member Eligibilit

			Cancel Print	Out Pati
			Benefit	Coverage
			Formulary Applicable	Applicable
			Plan Name	ASNIC TM NE
			OP Network	Fmc Standard Network Clinics+ASTER HOSPITAL BR OF ASTER DM HEALTHCARE FZC DUBAI ALI INTERNATIONAL HOSPITAL+NMC SPE 1000076+SAUDI GERMAN HOSPITAL - AJM.
			IP Network	Ip : Fmc Standard Network Hospitals
			GDF/MAF	NA
			Product Name	NE ENHANCED
			Dental	No
			Maternity	No
			Optical	No
			Work Related	No
			Specialist Access	Through GP Referral
			Rooms & Boards for hospitalisation	Ward
			Chronic	Yes
Patient Information				
Insurance Company	AL SAGR NATIONAL INSURANCE CO. (PSC) (Plan Name: NE ENHANCED)			
Member ID -CardNo	SH593422000015-746927			
Member Name	SHEREEF			
DOB/Gender	01 Jun 1979 / Male			
Nationality	INDIA			
Valid Till	23 Mar 2023 to 22 Mar 2024			
Status	MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES			
Emirates ID	784-1979-8573596-4			
Deductible	Amount	(%)		
Diagnostic & Treatment Services For Dental & Gum	0.00	10.00	Patient Mobile No :	
Gp	25.00	10.00	Purpose of patient visit *	
Gp Maternity	0.00	10.00	☐ Doctor consultation	
Hearing & Vision Aids	0.00	10.00	☐ Physiotherapy session	
Lab	0.00	10.00	☐ Other multi- session treatment like injections, nebulization ...	
Medicine	0.00	10.00	☐ Lab or radiology investigations	
Medicine-Maternity	0.00	10.00	☐ Others	
Op Ante-Natal Services	0.00	10.00	In Case Of OTHERS, Please specify the reason/s in Remark	
Outpatient Maternity	0.00	10.00	Remarks	
Physiotherapy	0.00	10.00		
Procedure	25.00	10.00		
Radiology	0.00	10.00		
Spl	25.00	10.00		
Spl Maternity	0.00	10.00		