| | Patient Information | | |
|----------------------|--|--|--|
| Insurance Company | National General Insurance Company (Psc) (Plan Name: Dha Enhanced) | | |
| Member ID- CardNo | I038-010-118084953-01 | | |
| Member Name | TERENCE JAMES MCILROY | | |
| DOB/Gender | 08 Nov 1978 / Male | | |
| Nationality | BRITAIN | | |
| Valid Till | 14 Feb 2024 to 13 Feb 2025 | | |
| Status | MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES | | |
| | | | |

784-1978-9024042-3

Emirates ID

Cancel Print

| | Benefit | Coverage | Condition |
|---------|------------------------------------|---------------------------------|--------------------------|
| | Product Name | Dha Enhanced | |
| | Specialist Access | Direct Access | |
| | IP Network | IP - FARID GN 1 PLUS NETWORK | |
| | Plan Name | NGI FMC TM-DXB | |
| | Dental | No | |
| | GDF/MAF | No | |
| | Maternity | No | 0 Days Waiting Period |
| | Formulary Applicable | Not Applicable | |
| | OP Network | OP - FARID GN 1 PLUS NETWORK | |
| | Rooms & Boards for hospitalisation | Private Room | Applicable For IP Only |
| Chronic | | Yes | 0 Days Waiting Period |
| | Optical | Yes | |
| | Work Related | Yes | |
| \neg | | | |

l038-010-118084953-01 Search

Out Patient 🗸

| Deductible | Amoun | t(%) | |
|--|-------|-------|--|
| Diagnostic & Treatment Services For Dental | 0.00 | 0.00 | Patient Mobile No: |
| & Gum | 0.00 | | |
| Gp | 50.00 | 20.00 | Purpose of patient visit * |
| Gp Maternity | 0.00 | 10.00 | Doctor consultation |
| Hearing & Vision Aids | 0.00 | 0.00 | ☐Physiotherapy session |
| Inpatient Maternity | 0.00 | 10.00 | Other multi- session treatment like injections, nebulization |
| Lab | 0.00 | 0.00 |] |
| Medicine | 0.00 | 0.00 | Lab or radiology investigations |
| Medicine-Maternity | 0.00 | 10.00 | Others (i. D. 1) |
| Op Ante-Natal Services | 0.00 | 10.00 | In Case Of OTHERS, Please specify the reason/s in Remark |
| Optical | 0.00 | 10.00 | Remarks |
| Outpatient Maternity | 0.00 | 10.00 | |
| Physiotherapy | 0.00 | 0.00 | |
| Psychiatric Services | 0.00 | 20.00 | |
| Radiology | 0.00 | 0.00 | |
| Spl | 50.00 | 20.00 | |
| Spl Maternity | 0.00 | 10.00 | |

| U | | * |
|----|---|-------------------|
| 00 | Purpose of patient visit * | |
| 00 | □Doctor consultation | |
| 0 | □Physiotherapy session | |
| 00 | Other multi- session treatment like injection | ons, nebulization |
| 0 | <u></u> | |
| 0 | Lab or radiology investigations | |
| 00 | Others | |