		Cano	el Prir	nt Out Patient	1020-010-11774	4302-02 Searc
		Caric	ei Liii			
Da	atient Information			Benefit	Coverage	Condition
				Plan Name	ABNIC TM DHA	
Insurance	AL BUHAIRA NATIONAL INSURANCE COMPANY FMC TM (Plan Name: Dha Enhanced)		Formulary Applicable	Applicable		
Company			Product Name	Dha Enhanced		
. ,			IP Network	Ip : Fmc Standard Network Hospitals		
Member ID- CardNo	I020-010-117744302-02		GDF/MAF	NA		
Member	Muhammad Imran Mumtaz Ahmad Khan		Dental	No		
Name			Maternity	No	0 Days Waiting Period	
DOB/Gender01 Jan 1985 / Male			Optical	No		
Nationality	PAKISTAN			Work Related	No	
Valid Till	28 Apr 2023 to 27 Apr		OP Network	Op - Std + Hospital		
	2024			Specialist Access	Through GP	
	MEMBER IS ELIGIBLE IN YOUR FACILITY FOR				Referral	
Status				Rooms & Boards for hospitalisation	Ward	Applicable For IP Only
Emirates ID 784-1985-32710				Chronic	Yes	0 Days Waiting Period
Deductible		Amoun	t(%)			
Diagnostic & Treatment Services For Dental & Gum		0.00	20.00	Patient Mobile No:		*
Gp		25.00	20.00	Purpose of patient visi	t *	_
Gp Maternity		0.00	10.00	☐Doctor consultation		
Hearing & Vision Aids		0.00	20.00	□Physiotherapy sessi	on	

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

	*
Purpose of patient visit *	
□Doctor consultation	
□Physiotherapy session	
Other multi- session treatment like injection	ons,
nebulization	
☐ Lab or radiology investigations	
□Others	
In Case Of OTHERS, Please specify the reas	son/s in
Remark	
Remarks	
	□ Doctor consultation □ Physiotherapy session □ Other multi- session treatment like injection nebulization □ Lab or radiology investigations □ Others In Case Of OTHERS, Please specify the reas Remark