| | | Cancel Print | | | Out Patient > 1011-010-117676262-02 Search | | |
|--|----------------------------|--------------|------------------|---|--|---------------------------|-----------|
| | | | | Benefit | Coverage | | Condition |
| | | | Formulary | Annlicahl | Applicable | | |
| | | | Applicable | ** | | | |
| | | | Plan Name | | ASNIC TM DHA | | |
| Patient Information | | | Product Name | | Dha Enhanced | | |
| AL SAGR NATIONAL INSURANCE | | | Specialist Acces | | | | |
| Insurance Company | CO. (PSC) (Plan Name: Dha | | | | Fmc Standard Network Clinics+ASTER HOSPITAL | | |
| | Enhanced) | | | OP Network | | BR OF ASTER DM | |
| Member ID- | , | | | | | CARE FZC DUBAI | |
| CardNo | I011-010-117676262-02 | | | | | Ip : Fmc Standard Network | |
| Member | Will Oll Manager 11/2 de | | | IP Network | A | Hospitals | |
| Name | William Cillian Marassari | | iny | GDF/MAF | NA | NA | |
| DOB/Gender | 16 Dec 1985 / Male | | | Dental | No | No | |
| Nationality | INDIA | | | | | | |
| Valid Till | 08 Jun 2023 to 07 Jun 2024 | | | Maternity | No | No | |
| valiu IIII | | | | | | | |
| Status | MEMBER IS ELIGIBLE IN YOUR | | | Optical | | No | |
| FACILITY FOR MEDICAL SERVICES | | | Work Related | No | | | |
| Emirates ID 784-1985-5963246-2 | | | | Rooms & Board for | | Ward | |
| | | | | hospitalisation | waru | | IP Only |
| | | | | nospitansation | | | 0 Days |
| | | | | Chronic | Yes | Yes | |
| | | | | | | | Period |
| Deductible | Amoun | t(%) | | | | | |
| Diagnostic & Treatment Services For Dental | | 0.00 | 0.00 | Patient Mobile | | | |
| & Gum | | | | | * | | |
| Gp | | 50.00 | 20.00 | Purpose of patie | ent visit * | | |
| Gp Maternity | | 0.00 | | | Octor consultation | | |
| Hearing & Vision Aids | | 0.00 | 0.00 | | Physiotherapy session | | |
| Inpatient Maternity | | 0.00 | | Other multi- session treatment like injections, nebulization | | | |
| Lab | | 0.00 | 0.00 | ☐ □Lab or radiology investigations ☐ □Others ☐ In Case Of OTHERS, Please specify the reason/s in Remark | | | |
| Medicine | | 0.00 | 10.00 | | | | |
| Op Ante-Natal Services | | 0.00 | 10.00 | | | | |
| Outpatient Maternity | | 0.00 | | | | | |
| Physiotherapy | | 0.00 | 0.00 | | | | |
| Procedure | | 50.00 | 20.00 | | | | |
| Radiology | | 0.00 | 0.00 | | | | |
| Spl | | | 20.00 | | | | |
| Spl Maternity | | 0.00 | 10.00 | | | | |