



Filter

Home Member Eligibility

Refresh

- Claims
- Member Eligibility Check
- Prior Request
- Referral
- Encounters
- Downloads
- Formulary
- Add Doctor
- Bank Information
- Change Password
- Update Profile

Cancel Print

Out Patient ▾ 1017-010-120911441-01 Search

Form ID	Coverage	Conditions
Plan Name	ADNIC-FMC SUPERIOR DXB PLAN 4	
Formulary	Applicable	
Product Name	Dha Enhanced	
OP Network	Fmc Standard Network Clinics+ASTER HOSPITAL BR OF ASTER DM HEALTHCARE+BELHOUL EUROPEAN HOSPITAL LLC+BELHOUL SPECIALITY HOSPITAL+CEDARS JEBEL ALI INTERNATIONAL HOSPITAL+NMC SPECIALTY HOSPITAL-DUBAI+WILSON SPECIALIZED HOSPITAL(New) MOH-F-1000051	
IP Network	Ip : Fmc Standard Network Hospitals	
Dental	No	0 Days Waiting Period
Maternity	No	Waiting Period
Optical	No	
Work Related	No	
Specialist Access	Through GP Referral	
Rooms & Boards for hospitalisation	Ward	IP Only
Chronic	Yes	109 Days Waiting Period
GDF/MAF	Yes	

Patient Information		
Insurance Company	ABU DHABI NATIONAL INSURANCE COMPANY (Plan Name: Dha Enhanced)	
Member ID-CardNo	1017-010-120911441-01	
Member Name	HARISH CHATHANAIPARAMBIL SHAHULHAMEED	
DOB/Gender	17 Apr 1986 / Male	
Nationality	INDIA	
Valid Till	10 Jun 2024 to 09 Jun 2025	
Status	MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES	
Emirates ID	784-1986-0426269-3	

Deductible	Amount	%
Diagnostic & Treatment Services For Dental & Gum	0.00	20.00
Cip	0.00	10.00
Cip Maternity	0.00	10.00
Hearing & Vision Aids	0.00	20.00
Lab	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	10.00
Procedure	0.00	10.00
Radiology	0.00	10.00
SpI	0.00	10.00
SpI Maternity	0.00	10.00

Patient Mobile No : 0547823507 *

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 CONSULTATION