



	Home Member Eligibili							
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Member Eligibility Check					Cancel Print	Out Patient 🗸	1019-010-118489752-01	Sea
					Benefit	Coverage		Condition
Prior Request					Formulary Applicable	Applicable		
					Product Name	Dha Enhanced Fmc Standard Network Clinics+CEDARS JEBI	T	
Referral	Patient Information			OP Network	ROYAL HOSPITAL L.L.C. (FORMERLY NM)	LALI INTERNATIONAL HOSPITAL+NMC		
	Insurance Company	Qatar Insurance Company (Plan Name: Dha Enh	anced)		IP Network	Ip : Fmc Standard Network Hospitals	- HOSFHALLEC)	
Encounters	Member ID-CardNo	1019-010-118489752-01			GDF/MAF	NA		
	Member Name	JUDILYN			Dental	No		
Downloads	DOB/Gender	17 Jun 1983 / Female			Maternity No	No		0 Days Wai
	Nationality	PHILIPPINES			-			Period
					Optical Work Related	No No		
Formulary	Valid Till	09 Jun 2024 to 08 Jun 2025			Plan Name	OIC TM DXB		
	Status	MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDIC	CAL SERVICES		Specialist Access	Through GP Referral		
Add Doctor	Emirates ID	784-1983-7397594-9			Rooms & Boards for			
					hospitalisation	Ward		IP Only
Bank Information					Chronic	Yes		0 Days Wait Period
Change Password	Deductible		Amount	(%)				
	Diagnostic & Treatment Services I	For Dental & Gum	0.00	20.00		0547823567		
Update Profile	Gp		25.00	10.00	Purpose of patient visit Doctor consultation	•		
	Gp Maternity		0.00	10.00	Physiotherapy session			
	Hearing & Vision Aids		0.00	20.00		eatment like injections, nebulization		
	Lab Medicine		0.00	0.00	✓Lab or radiology inves			
	Medicine-Maternity		0.00	10.00	Others			
	Op Ante-Natal Services		0.00	10.00	In Case Of OTHERS, Ple	ease specify the reason/s in Remark		
	Outpatient Maternity		0.00	10.00	Remarks CONSULTATION	ON		
	Physiotherapy		0.00	0.00				
	Procedure		25.00	10.00				
	Radiology		0.00	0.00				
	Spl		25.00	10.00				
	Spl Maternity		0.00	10.00				