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1019-010-120074163-01

|                                       |                                                                       |                     |
|---------------------------------------|-----------------------------------------------------------------------|---------------------|
| Benefit                               | Coverage                                                              | Condition           |
| Formulary Applicable                  | Applicable                                                            |                     |
| Product Name                          | Dha Enhanced                                                          |                     |
| Specialist Access                     | Direct Access                                                         |                     |
| OP Network                            | Fmc Standard Network Clinics+ASTER HOSPITAL BR OF ASTER DM HEALTHCARE |                     |
| IP Network                            | FZC DUBAI                                                             |                     |
| GDF/MAF                               | Ip : Fmc Standard Network Hospitals                                   |                     |
| Dental                                | No                                                                    |                     |
| Maternity                             | No                                                                    | 0 Days Wa<br>Period |
| Optical                               | No                                                                    |                     |
| Work Related                          | No                                                                    |                     |
| Plan Name                             | QIC TM DXB                                                            |                     |
| Rooms & Boards for<br>hospitalisation | Ward                                                                  | IP Only             |
| Chronic                               | Yes                                                                   | 0 Days Wa<br>Period |

| Patient Information                              |                                                          |       |
|--------------------------------------------------|----------------------------------------------------------|-------|
| Insurance Company                                | Qatar Insurance Company (Plan Name: Dha Enhanced)        |       |
| Member ID-CardNo                                 | 1019-010-120074163-01                                    |       |
| Member Name                                      | Sridhar                                                  |       |
| DOB/Gender                                       | 12 Dec 1999 / Male                                       |       |
| Nationality                                      | INDIA                                                    |       |
| Valid Till                                       | 08 Jun 2024 to 07 Jun 2025                               |       |
| Status                                           | MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES |       |
| Emirates ID                                      | 784-1999-4084820-5                                       |       |
| Deductible                                       | Amount                                                   | (%)   |
| Diagnostic & Treatment Services For Dental & Gum | 0.00                                                     | 0.00  |
| Cp                                               | 50.00                                                    | 20.00 |
| Cp Maternity                                     | 0.00                                                     | 10.00 |
| Hearing & Vision Aids                            | 0.00                                                     | 0.00  |
| Inpatient Maternity                              | 0.00                                                     | 10.00 |
| Lab                                              | 0.00                                                     | 0.00  |
| Medicine                                         | 0.00                                                     | 10.00 |
| Op Ante-Natal Services                           | 0.00                                                     | 10.00 |
| Outpatient Maternity                             | 0.00                                                     | 10.00 |
| Physiotherapy                                    | 0.00                                                     | 0.00  |
| Procedure                                        | 50.00                                                    | 20.00 |
| Radiology                                        | 0.00                                                     | 0.00  |
| Spl                                              | 50.00                                                    | 20.00 |
| Spl Maternity                                    | 0.00                                                     | 10.00 |

Patient Mobile No : 0547823567 \*

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