



ims Member Eligibility Check	Check CardID [1019-010-118236023-01				Cancel Print Out Patient V 1019-01			
member Enginity Onco	1019-010-118236023-01				Benefit	Coverage	Condition	
Prior Request					Formulary Applicable	Applicable		
riioi request					Product Name	Dha Enhanced		
		Patient Information			Specialist Access	Direct Access		
Referral	Insurance Company	Qatar Insurance Company (Plan Name: Dha En	hanced)		OP Network	Fmc Standard Network Clinics+ASTER HOSPITAL BR OF ASTER DM FZC DUBAI	HEALTHCARE	
	Member ID-CardNo I019-010-118236023-01				IP Network	Ip : Fmc Standard Network Hospitals		
Encounters	Member Name Zohaib				GDF/MAF	NA		
	DOB/Gender	25 May 2000 / Male			Dental	No		
Downloads					Maternity	No	0 Days Wai	
	Nationality	PAKISTAN			4 1		Period	
Formulary	Valid Till	08 Jun 2024 to 07 Jun 2025			Optical Work Related	No		
	Status	MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDI	CAL SERVICES		Plan Name	No OIC TM DXB		
Add Doctor	Emirates ID	784-2000-6429521-3			Rooms & Boards for			
		"			hospitalisation	Ward	IP Only	
Bank Information					Chronic	Yes	0 Days Wai Period	
Change Password	Deductible		Amount	(%)				
	Diagnostic & Treatment Services	For Dental & Gum	0.00	0.00		128891 *		
Update Profile	Gp		50.00	20.00	Purpose of patient visit * Doctor consultation			
	Gp Maternity		0.00	10.00	Physiotherapy session			
	Hearing & Vision Aids Inpatient Maternity		0.00	10.00	Noter multi- session treatment like injections, nebulization			
	Lab Medicine		0.00	0.00	ZLab or radiology investigations ZOthers			
			0.00	10.00				
	Op Ante-Natal Services		0.00	10.00	In Case Of OTHERS, Please specify the reason/s in Remark			
	Outpatient Maternity		0.00	10.00	Remarks consultation			
	Physiotherapy		0.00	0.00	I			
	Procedure		50.00	20.00				
	Radiology		0.00	0.00	1			
	Spl		50.00 0.00	20.00	1			
	Spl Maternity							