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Pre-Approval required for OP equal to or exceeding AED 1,000 / QAR 1,000 / BD 100 / OMR 100 / KWD 80 / SAR 1,000 [excluding consultation]; AND for the services detailed.

For Further Details Please [Click here](#)

Member Details

Member Name :	FRANCIS KIRUMIRA		
Sponsor Name :	AFRICAN AND EASTERN NE BVI LTD- CAT 3		
Policy No :	13/XC/35721/0		
Membership No :	104/E/0		
DHA ID :	I010-000-113969980-04		
Emirates Id :	784-1989-5941438-8	Date Of Birth :	04/02/1989
Area Of Cover :	Regional	Is VIP Member :	No
IP Network :	A.1	Start Date :	01/01/2024
OP Network :	A.4	Expiry Date :	31/12/2024
Product :	Group Plan		
Deductible :	OP:20% MAX AED 50 ON CONSULTATION		
Additional Info :	MAT:10% ON ALL OP SERVICES; MAT PH:NIL		
Benefits :	R&B:PVT.ROOM, OUTP,MAT,HoT (Show Details)		



Abbreviations :

PER SERVICE TYPE: Copay applicable per total of each service type (Eg: Consultation, Laboratory, Radiology, etc.)		
CLINIC : Clinics/ Medical center	INCL : Including	OPT : Optical
COINS/CO-INS : Co-insurance	IP : In Patient	OTH : Other
CONS/CONSULT : Consultation	LAB : Laboratory	PH : Pharmacy
DENT : Dental	MAT : Maternity	PHYSIO : Physiotherapy
DIAG : Diagnostic	MAX : Maximum	R&B : Room and Board
EXCL/EX : Excluding	OP : Out Patient	RAD/RADIO : Radiology
HOSP/HOSPIT : Hospital		

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