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I019-010-115086939-01

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| Patient Information |                                                                 |
|---------------------|-----------------------------------------------------------------|
| Insurance Company   | Qatar Insurance Company (Plan Name: Dha Enhanced)               |
| Member ID-CardNo    | I019-010-115086939-01                                           |
| Member Name         | Muneeb                                                          |
| DOB/Gender          | 16 Apr 1990 / Male                                              |
| Nationality         | PAKISTAN                                                        |
| Valid Till          | 27 Jun 2024 to 14 May 2025                                      |
| Status              | <b>MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES</b> |
| Emirates ID         | 784-1990-8183216-6                                              |

| Benefit                            | Coverage                  | Condition             |
|------------------------------------|---------------------------|-----------------------|
| Product Name                       | Dha Enhanced              |                       |
| Specialist Access                  | Direct Access             |                       |
| IP Network                         | IP - FARID GN - 4 NETWORK |                       |
| GDF/MAF                            | NA                        |                       |
| Dental                             | No                        |                       |
| Maternity                          | No                        | 0 Days Waiting Period |
| Optical                            | No                        |                       |
| Work Related                       | No                        |                       |
| Formulary Applicable               | Not Applicable            |                       |
| OP Network                         | OP - FARID GN - 4 NETWORK |                       |
| Rooms & Boards for hospitalisation | Private Room              | IP Only               |
| Plan Name                          | QIC TM DXB                |                       |
| Chronic                            | Yes                       | 0 Days Waiting Period |

| Deductible                                       | Amount | (%)   |
|--------------------------------------------------|--------|-------|
| Diagnostic & Treatment Services For Dental & Gum | 0.00   | 0.00  |
| Gp                                               | 35.00  | 20.00 |
| Gp Maternity                                     | 0.00   | 10.00 |
| Hearing & Vision Aids                            | 0.00   | 0.00  |
| Lab                                              | 0.00   | 0.00  |
| Medicine                                         | 0.00   | 0.00  |
| Medicine-Maternity                               | 0.00   | 10.00 |
| Op Ante-Natal Services                           | 0.00   | 10.00 |
| Outpatient Maternity                             | 0.00   | 10.00 |
| Physiotherapy                                    | 0.00   | 0.00  |
| Procedure                                        | 35.00  | 20.00 |
| Radiology                                        | 0.00   | 0.00  |
| Spl                                              | 35.00  | 20.00 |
| Spl Maternity                                    | 0.00   | 10.00 |

Patient Mobile No :

\*

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