12/22/24, 4:40 PM

Claim for Clinic

CardID I019-010-118887433-01

Cancel	Print
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Out Patient > 1019-010-118887433-01 | Search

Patient Information				
Insurance	Qatar Insurance Company			
Company	(Plan Name: Dha Enhanced)			
Member ID-	I019-010-118887433-01			
CardNo				
Member	John Daniel Wachiuri			
Name				
DOB/Gender	06 Oct 1989 / Male			
Nationality	KENYA			
Valid Till	08 Jun 2024 to 07 Jun 2025			
	MEMBER IS ELIGIBLE IN YOUR			
Status	FACILITY FOR MEDICAL			
	SERVICES			
Emirates ID	784-1989-7985386-2			

Outra	1019-010-11000743	3-01 Search
Benefit	Coverage	Condition
Formulary Applicable	Applicable	
Product Name	Dha Enhanced	
Specialist Acces	s Direct Access	
OP Network	Fmc Standard Network Clinics+ASTER HOSPITAL BR OF ASTER DM HEALTHCARE FZC DUBAI (MANKHOOL)	
IP Network	Ip : Fmc Standard Network Hospitals	
GDF/MAF	NA	
Dental	No	
Maternity	No	0 Days Waiting Period
Optical	No	
Work Related	No	
Plan Name	QIC TM DXB	
Rooms & Boards for hospitalisation	Ward	IP Only
Chronic	Yes	0 Days Waiting Period

Deductible	Amoun	t(%)	
Diagnostic & Treatment Services For	0.00	0.00	Patient Mobile No:
Dental & Gum			
Gp	50.00	20.00	Purpose of patient visit *
Gp Maternity	0.00	10.00	☐Doctor consultation
Hearing & Vision Aids	0.00	0.00	☐Physiotherapy session
Inpatient Maternity	0.00	10.00	
Lab	0.00	0.00	nebulization
Medicine	0.00	10.00	
Op Ante-Natal Services	0.00	10.00	Others
Outpatient Maternity	0.00	10.00	In Case Of OTHERS, Please specif
Physiotherapy	0.00	0.00	Remark
Procedure	50.00	20.00	Remarks
Radiology	0.00	0.00	
Spl Spl	50.00	20.00	
Spl Maternity	0.00	10.00	

Purpose of patient visit *
□Doctor consultation
□Physiotherapy session
Other multi- session treatment like injections,
nebulization
I ab or radiology investigations

In Case Of OTHERS, Please specify the reason/s in Remark

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