1/29/25, 8:05 PM Claim for Clinic

1/29/23, 8.03 FWI				Cla	ann ioi Cinne			
CardID I005-010-118993851-01		Cancel F		Print	Out Patient 🗸	1005-010-118993851	-01	Searc
				Benefit	Coverage			Condition
				Formulary			\top	
				Applicable	Applicable			
			Product Name	Dha Enhanced				
				Plan Name	DIC TM			
			Specialist	ist Direct Access				
Patient Information			Access					
Insurance	DUBAI INSURANCE			Fmc Standard I				
Company	COMPANY (F					R HOSPITAL BR OF		
	Name: Dha Enhanced)			4		EALTHCARE_AL		
		05-010-118993851-			_	ER HOSPITAL BR		
CardNo	01			OP Network		M HEALTHCARE		
Member	NI KADEK				FZC DUBAI	\.INTEDNIATIONIAI		
Name	NI KADEK				,	.)+INTERNATIONAI SPITAL - DUBAI	1	
DOB/Gender	der <mark>09 Jul 1998 / Female</mark>			IP Network			+	
Nationality	INDONESIA			Dental	No	ard Network Hospitals	3	
,		to 30		Dental	NO		0 D	OVC
Valid Till	01 Oct 2024 to 30 Sep 2025 MEMBER IS ELIGIBLE IN		Maternity	No			iting	
						Peri	_	
Status	YOUR FACILITY FOR			Optical	No		1	
Status	MEDICAL SERVICES		Work Related			+		
Emirates ID 784-1998-6546080-4			Rooms &	110		Apr	olicable	
Emirales 1D /84-1998-0540080-4			Boards for	Ward		For		
				hospitalisation			Onl	y
				1			0 D	ays
			Chronic	Yes	Wai	iting		
						Peri	iod	
				GDF/MAF	Yes			
Deductible		Amour	nt(%)					
Diagnostic & Treatment		0.00	20.00	Patient Mobile	e No:			
Services For Dental & Gum		0.00				*		
Gp		25.00	10.00	Purpose of pat	ient visit *			
Gp Maternity		0.00	10.00	Doctor consultation				
Hearing & Vision Aids		0.00	20.00					
Lab		0.00	0.00	\square Other multi-	- session treatme	ent like injections, neb	ouliza	ation
Medicine		0.00	0.00	l <u></u>				
Medicine-Maternity		0.00	10.00	Lab or radiology investigations				
Op Ante-Natal Services		0.00	10.00	Others				
Outpatient Maternity 0.00 10.00			In Case Of OT	THERS, Please s	specify the reason/s in	Ren	ıark	
-		0.00	0.00	Remarks				
Procedure		25.00	10.00					
		0.00	20.00					
		0.00	0.00					
85		25.00	10.00					
Spl Maternity 0.			10.00					
~P. I.Intelliff		10.00	120.00	I				

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