		Cancel Print			Out Patient > 1019-010-118802224-01 Search		
				Benefit	Coverage		Condition
				Formulary Applicable	Applicable		
				Product Name	Dha Enhan	ced	
				Specialist Access	Direct Acce	ess	
	Dallant Tafa and I'm					ard Network	
T	Patient Information Qatar Insurance Company (Plan Name: Dha Enhanced)			OP Network		TER HOSPITAL	
Insurance					BR OF ASTER DM HEALTHCARE FZC DUBAI		
Company Member ID-	ivame: Dha Eilianced)						
	I019-010-118802224-01			IP Network	(MANKHOOL) Ip : Fmc Standard Network Hospitals		
CardNo Member							
Name	K-adan Sindh			GDF/MAF	NA		
•	25 Jul 1002 / Mala			Dental	No		
DOB/Gender	25 Jul 1993 / Male			Maternity	No		0 Days
Nationality	INDIA		Waiting				
Valid Till	08 Jun 2024 to 07 Jur	4 to 07 Jun 2025				Period	
Status	MEMBER IS ELIGIBLE IN YOUR			Optical	No		
	FACILITY FOR MEDICAL	SERVI	CES	Work Related	No		
Emirates ID	784-1993-0762064-3			Plan Name	QIC TM D	XB	
				Rooms & Boards for hospitalisation	Ward		IP Only 0 Days
				Chronic	Yes		Waiting Period
Deductible		Amoun	t(%)				
Diagnostic & Treatment Services For Dental & Gum		0.00	0.00	Patient Mobile N	*		
Gp		50.00	20.00	Purpose of patien	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	Other multi- session treatment like injections, nebulization			
Lab		0.00	0.00	☐Others In Case Of OTHERS, Please specify the reason/s in Remark			
Medicine		0.00	10.00				
Op Ante-Natal Services		0.00	10.00				
Outpatient Maternity		0.00	10.00				
Physiotherapy		0.00	0.00	Remarks			
Procedure		50.00	20.00				
Radiology		0.00	0.00				
Spl			20.00				
Spl Maternity		0.00	10.00				