

| Benefit                            | Coverage                                                                                                                                                                             | Condition              |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Formulary Applicable               | Applicable                                                                                                                                                                           |                        |
| Product Name                       | Dha Enhanced                                                                                                                                                                         |                        |
| Plan Name                          | DIC TM                                                                                                                                                                               |                        |
| Specialist Access                  | Direct Access                                                                                                                                                                        |                        |
| OP Network                         | Fmc Standard Network Clinics+ASTER HOSPITAL BR OF ASTER DM HEALTHCARE_ AL QUSAIS+ASTER HOSPITAL BR OF ASTER DM HEALTHCARE FZC DUBAI (MANKHOOL)+INTERNATIONAL MODERN HOSPITAL - DUBAI |                        |
| IP Network                         | Ip : Fmc Standard Network Hospitals                                                                                                                                                  |                        |
| Dental                             | No                                                                                                                                                                                   |                        |
| Maternity                          | No                                                                                                                                                                                   | 0 Days Waiting Period  |
| Optical                            | No                                                                                                                                                                                   |                        |
| Work Related                       | No                                                                                                                                                                                   |                        |
| Rooms & Boards for hospitalisation | Ward                                                                                                                                                                                 | Applicable For IP Only |
| Chronic                            | Yes                                                                                                                                                                                  | 0 Days Waiting Period  |
| GDF/MAF                            | Yes                                                                                                                                                                                  |                        |
| Chronic Medication                 | 30 Days                                                                                                                                                                              |                        |

| Patient Information |                                                                 |
|---------------------|-----------------------------------------------------------------|
| Insurance Company   | DUBAI INSURANCE COMPANY (P.S.C) (Plan Name: Dha Enhanced)       |
| Member ID-CardNo    | I005-010-116125824-01                                           |
| Member Name         | SURAJ                                                           |
| DOB/Gender          | 02 Oct 1996 / Male                                              |
| Nationality         | INDIA                                                           |
| Valid Till          | 01 Oct 2024 to 30 Sep 2025                                      |
| Status              | <b>MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES</b> |
| Emirates ID         | 784-1996-7216147-0                                              |

| Deductible                                       | Amount | (%)   |
|--------------------------------------------------|--------|-------|
| Diagnostic & Treatment Services For Dental & Gum | 0.00   | 20.00 |
| Gp                                               | 25.00  | 10.00 |
| Gp Maternity                                     | 0.00   | 10.00 |
| Hearing & Vision Aids                            | 0.00   | 20.00 |
| 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                                        | 25.00  | 10.00 |
| Psychiatric Services                             | 0.00   | 20.00 |
| Radiology                                        | 0.00   | 0.00  |
| Spl                                              | 25.00  | 10.00 |
| 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