Cancel Pri				nt	Out Patient	Patient > 1019-010-1218856		Search	
				Benefit	Covera	Coverage		Condition	
			Formulary	Amplia	Applicable				
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				Product Name	Dha Er	Dha Enhanced			
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Patient Information				 	l l	+ASTER HOSPI	TAL		
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Insurance	Name: Dha Enhanced)				l l	HEALTHCARE FZC DUBAI (MANKHOOL)			
Company Member ID-	iname: Dha Eilianceu)						- m1-		
CardNo I019-010-121885621-01		-01		IP Network		Ip : Fmc Standard Network Hospitals			
Member F-1				GDF/MAF		NA			
Name	Fatematuz		Dental		No				
	14 1.1 2002 / 5			Dentai	110		0 D	Days	
DOB/Gender	14 Jul 2003 / Female			Maternity	No	No		iting	
Nationality	BANGLADESH	GLADESH						riod	
Valid Till	18 Dec 2024 to 07 Jun 2025			Optical	No	No			
MEMBER IS ELIGIBLE IN YOU				Work Related	No				
Status	FACILITY FOR MEDICAL SERVICES			Plan Name	QIC TI	QIC TM DXB			
Emirates ID 784-2003-4076685-4			Rooms & Boar	rds					
				for	Ward		IP (Only	
				hospitalisation					
				C1 .	* 7			Days	
				Chronic	Yes			iting	
				Chronic			Per	riod	
			Medication	30 Day	30 Days				
Deductible			4(0/)		Floridation				
		Amoun		 Patient Mobile	Patient Mobile No:				
Diagnostic & Treatment Services For Dental & Gum		0.00	0.00				*		
Gp Gp		50.00	20.00	Purpose of pati	rpose 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	Other multi- session treatment like injections, nebulization					
Lab		0.00	0.00						
Medicine		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 OTHERS, Please specify the reason/s in Remark					
Physiotherapy		0.00	0.00	Remarks					
Procedure Procedure	50.00	20.00							
D 1' 1	0.00	0.00	-						

0.00

50.00

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10.00

Radiology

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