

Cancel

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Out Patient ▾

I005-010-122181984-01

Search

| 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 (MANKHOOOL)+INTERNATIONAL MODERN HOSPITAL - DUBAI |                         |
| IP Network                         | Ip : Fmc Standard Network Hospitals                                                                                                                                                   |                         |
| GDF/MAF                            | NA                                                                                                                                                                                    |                         |
| Dental                             | No                                                                                                                                                                                    |                         |
| Maternity                          | No                                                                                                                                                                                    | 0 Days Waiting Period   |
| Optical                            | No                                                                                                                                                                                    |                         |
| Work Related                       | No                                                                                                                                                                                    |                         |
| Rooms & Boards for hospitalisation | Ward                                                                                                                                                                                  | Applicable For IP Only  |
| Chronic                            | Yes                                                                                                                                                                                   | 120 Days Waiting Period |
| Chronic Medication                 | 30 Days                                                                                                                                                                               |                         |

| Patient Information |                                                           |
|---------------------|-----------------------------------------------------------|
| Insurance Company   | DUBAI INSURANCE COMPANY (P.S.C) (Plan Name: Dha Enhanced) |
| Member ID-CardNo    | I005-010-122181984-01                                     |
| Member Name         | AMIT                                                      |
| DOB/Gender          | 18 Oct 1997 / Male                                        |
| Nationality         | INDIA                                                     |
| Valid Till          | 10 Feb 2025 to 30 Sep 2025                                |
| Status              | MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES  |
| Emirates ID         | 784-1997-4030207-2                                        |

| 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 |
| Info Maternity                                   | 0.00   | 10.00 |

Your Remarks has been Saved .

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Not valid!

OK

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