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Member Eligibility Check

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Formulary

Add Doctor

Bank Information

Change Password

Update Profile

Home

Member Eligibility

Cancel

Print

Out Patient

I005-010-116122145-01

IS

Benefit

Coverage

Condition

Formulary

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
(MANKHOLY)-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

Applicat
For IP O

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

I005-010-116122145-01

Member Name

JOHNSON

DOB/Gender

22 Aug 1973 / Male

Nationality

KENYA

Valid Till

01 Oct 2024 to 30 Sep 2025

Status

MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES

Emirates ID

784-1973-1694279-2

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

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