Remarks

D 1 311	I	(0.7)
Deductible	Amount	(%)
Diagnostic & Treatment Services For Dental & Gum	0.00	0.00
Gp	50.00	20.00
Gp Maternity	0.00	10.00
Hearing & Vision Aids	0.00	0.00
Inpatient Maternity	0.00	10.00
Lab	0.00	0.00
Medicine	0.00	10.00
Op Ante-Natal Services	0.00	10.00
Outpatient Maternity	0.00	10.00
Physiotherapy	0.00	0.00
Procedure	50.00	20.00
Radiology	0.00	0.00
Spl	50.00	20.00
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, Ple	ease specify the reason/s in Remark	

Condition

0 Days

Waiting

Period

IP Only

0 Days

Waiting Period