5/27/25, 8:33 PM Claim for Clinic

|  |  | Cancel Print |  |  | Out Patient <b>▼</b> 1005-010-121964898-01 Search  |  |  |
|--|--|--------------|--|--|--|--|--|
|  |  |              |  | Benefit  | Coverage   | Condition  |  |
|  |  |              |  | Formulary<br>Applicable  | Applicable   |  |  |
|  |  |              |  |  | Dha Enhanced   |  |  |
|  |  |              |  | Plan Name  | DIC TM   |  |  |
|  |  |              |  | Specialist<br>Access   | Direct Access  |  |  |
| Insurance<br>Company<br>Member ID-               | Patient Information<br>DUBAI INSURANCE C<br>(P.S.C) (Plan Name:<br>Enhanced) |              | VY   | 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 |  |  |
| CardNo   | 11005_010_1 /106/1909_01   |              |  |  | MODERN HOSPITAL - DUBAI  |  |  |
| Memher   |  |              |  | IP Network   | Ip : Fmc Standard Network Hospitals  | ,  |  |
| Name   | MEHWISH  |              |  | Dental   | No   |  |  |
|  |  |              |  | Optical  | No   |  |  |
|  | ,  |              |  | Work Related   | No   |  |  |
| Nationality                                      | PAKISTAN   |              |  | Rooms &  | Ward   | Applicable   |  |
| Valid Till 03 Jan 2025 to 30 Sep 2025            |  |              | 5  | Boards for hospitalisation   |  | For IP<br>Only   |  |
| Status   | MEMBER IS ELIGIBLE IN YOUR   |              |  | Chronic Yes  | 1  | 36 Days  |  |
| FACILITY FOR MEDICAL S                           |  |              | ICES   |  | Yes  | Waiting  |  |
| Emirates ID 784-1987-6073519-5                   |  |              |  |  | Period   |  |  |
|  |  |              |  | GDF/MAF  Maternity   | Yes  | 144 Days<br>Completed<br>of 270<br>Days<br>Waiting<br>Period |  |
|  |  |              |  | Chronic<br>Medication  | 60 Days  |  |  |
|  |  | Amoun        | t(%)   | D // / 3 f 1 //  | N  |  |  |
| Diagnostic & Treatment Services For Dental & Gum |  | 0.00         | 20.00  | Patient Mobile No:   |  |  |  |
| Gp   |  | 25.00        | 10.00  | Purpose of patient visit *  Doctor consultation  Physiotherapy session  Other multi- session treatment like injections, nebulization |  |  |  |
| Gp Maternity                                     |  | 0.00         | 10.00  |  |  |  |  |
|  |  | 0.00         | 20.00  |  |  |  |  |
|  |  | 0.00         | 0.00   |  |  |  |  |
| Medicine 0.00 0.00                               |  |              |  |  |  |  |  |
|  |  | 10.00        |  |  |  |  |  |
| 3  |  | 10.00        |  |  |  |  |  |
| Outpatient Maternity 0.00 10.00                  |  |              | In Case Of OTHERS, Please specify the reason/s in Remark |  |  |  |  |
|  |  |              | 0.00   | Remarks  |  |  |  |
| Procedure  |  | 25.00        | 10.00  |  |  |  |  |
|  |  | 20.00        |  |  |  |  |  |
|  |  | 0.00         | 0.00   |  |  |  |  |
| Spl 25.00  |  |              | 10.00  |  |  |  |  |
| Spl Maternity 0.00 10                            |  |              | 10.00  |  |  |  |  |