

Please follow DubaiCare standard approval protocol.

Circulars

Patient Registration

Registration Details

097111910350609401

Mobile number*

United Arab Emirates (+ 9)

00971503875032

Email

Email Address

Identification*

☐ No Emirates ID

Emirates ID

784-1998-6130378-4

Select Doctor *

RESET

SAVE & QUEUE

SAVE & CONSULT

PRINT CLAIM FORM

USER GUIDE

PRINT BENEFITS

SAVE BENEFITS AS PDF

Patient Data

Patient Registration

First Name: Mohamed

Last Name: Moussa

Date of Birth: 28 January 1998

Gender: Male

Start Date: 07 August 2024

Expiry Date: 06 August 2025

Member Network: N5

Policy Holder: Mohamed Moussa

Policy Issued From: Dubai-DHA

First Name: Mohamed

Last Name: Moussa

Date of Birth

28 January 1998

Gender: Male

Start Date: 07 August 2024

Expiry Date: 06 August 2025

Member Network: N5

Policy Holder

Mohamed Moussa

Policy

Issued From: Dubai-DHA

Member Benefits

Payer's Name

Dubai Insurance_Hannover
Re_Dubaicare_191

OUTPATIENT:

- Prior written approval should be taken for Laboratory & Radiology Investigations if amount (Combined or Individually) exceeds AED 1000/-.
- Prior written approval should be taken for any single Outpatient procedure or multiple Outpatient procedure exceeds AED 1000/-.
- Dental, Optical and Vaccinations covered as per policy terms and conditions.
- Any administrative fees like medical reports, sick leave certificate attestation, registration charges etc are not covered.
- DubaiCare does not cover any work-related injuries/treatment.
- Dental, Optical and Alternate Medicine Coverage will be subject to policy terms and