## Policy Coverage for the Facility - PY09974 - Print Form

6117600000 - ROYAL & SUN

**Policy Number** ALLIANCE INS M.E BSCC DXB BR

Certificate No. UAE522 **Dependent**: 1

**ROYAL & SUN ALLIANCE INS M.E. Policy Name** 

BSCC DXB BR

**Member Name** AMEERZEB AMJAD

**Mobile Number** 971506532113

**Email Address** ameerzeb16@gmail.com

**Coverage Status** Active

Member Date Of Birth 16/02/1976

Member Gender Male **VIP Status** No

**Active Medical** Coverage

Medical / Dental / Maternity

**In Network** Yes

**Card Expiry Date** 

**Pre-Existing Conditions** 

Eligibility Verification Date - 01/04/2022

**20.0% upto AED Medical Copay O/P 50** 

**Medical Copay I/P NIL Dental Copay** NIL

Medical Coinsurance O/P 100% 100% **Medical Coinsurance I/P** 

**Pharmacy Copay** NIL 85.0% **Dental Coinsurance** 

**Pharmacy** 100% Coinsurance

E Mail Technical Support

✔ Print Form select

31/01/2023