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Patient Details

Card Number	097111710211907901
DHA Member ID	I012-036-114575420-02
Mobile Number	United Arab Emirates (+ 971) 522865072
Email	
Identification	Emirates ID :
First Name	LATHISH
Last Name	RAMACHANDRAN
Date of Birth	24 May 1972
Gender	Male
Start Date	19 Mar 2023
Expiry Date	18 Mar 2024
Member Network	Gold
Policy Holder	CLARIANT GULF FZ-LLC
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Oman Insurance Company (PSC)_TPA_171
Assist America Coverage	YES
Package Default Network	Gold
Approvals Classification	Standard
HAAD/DHA Approval Number	DHA-OIC-104394-1

Territory of Coverage	Worldwide Excluding USA & Canada
Pre-Existing Conditions Waiting Period	0 Month(s)
Chronic Condition Waiting Period	0 Month(s)
Outpatient Plan	Covered
Physicial Consultation Deductible	0 AED
Physicial Consultation Copayment	20%
Physician Consultation Copay Maximum Amount	50 AED
Laboratory Services Copayment	0%
Radiology Services Copayment	0%
Pharmaceutical Copayment	0%
Routine Dental	Covered
Dental Access	02 Reimbursement & Free Access
Dental Copayment	20%
Enhanced Dental	Covered
Alternative Medicine	Covered
Alternative Medicine Access	01 Reimbursement
Alternative Medicine Copayment	0%
Optical Plan	Covered
Optical Copayment	0%
Optical Access	01 Reimbursement
Wellness Access	01 Reimbursement
Vaccination Plan	Not Covered
Vaccination Access	01 Reimbursement
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	0%

Out Mat Physician Consultation Copayment Maximum Amount	0 AED
Out Mat Laboratory Copayment	0%
Out Mat Radiology Copayment	0%
Out Mat Pharmaceuticals Copayment	0%
Maternity IP Plan	Not Covered
Physiotherapy Services Copayment	0%
Inpatient Copay	0%
DHA Member Registration ID	I012-036-114575420-02

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DISCLAIMER:
ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM SUBMISSION. CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.