

Patient Details

Card Number 097111910248146301

DHA Member ID 1005-000-118029147-01

Mobile Number 569119749

Email

Identification Emirates ID :

First Name YOSEF HASAN

Last Name MAH'D ZABIN

Date of Birth 21 Aug 1980

Gender Male

Start Date 24 Mar 2023

Expiry Date 23 Mar 2024

Member Network Exclusive N2

Policy Holder DIAMOND DEVELOPERS CO. LIMITED

Policy Issued From Dubai-DHA

Member Benefits

Payer's Name Dubai Insurance_Hannover Re_Dubaicare_191

Assist America Coverage YES

Package Default Network Exclusive N2

Approvals Classification Standard

HAAD/DHA Approval Number DIN-2023-DIAMOND-CATA

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 100 AED Laboratory Services Copayment 20% Laboratory Services Deductible 0 AED Radiology Services Deductible 20% Radiology Services Deductible 0 AED Outpatient Procedure Copayment 20% Outpatient Procedure Copayment 20% Outpatient Procedure Deductible 0 AED Pharmaceutical Copayment 20% Outpatient Procedure Deductible 0 AED Pharmaceutical Copayment 20% Outpatient Procedure Deductible 0 AED Pharmaceutical Copayment 20% Alternative Medicine Access 01 Reimbursement Alternative Medicine Copayment 20% Optical Plan Not Covered Optical Copayment 20% Optical Copayment Not Covered	Territory of Coverage	Asia
Outpatient Plan Covered Physicial Consultation Deductible 0 AED Physicial Consultation Copayment 20% Physician Consultation Copayment 100 AED Laboratory Services Copayment 20% Laboratory Services Deductible 0 AED Radiology Services Copayment 20% Radiology Services Deductible 0 AED Outpatient Procedure Copayment 20% Outpatient Procedure Copayment 20% Outpatient Procedure Deductible 0 AED Pharmaceutical Copayment 20% Alternative Medicine Copayment 20% Alternative Medicine Access 01 Reimbursement Alternative Medicine Copayment 20% Optical Plan Not Covered	Pre-Existing Conditions Waiting Period	0 Month(s)
Physicial Consultation Deductible Physicial Consultation Copayment Physician Consultation Copay Maximum Amount 100 AED Laboratory Services Copayment 20% Laboratory Services Deductible Radiology Services Copayment 20% Radiology Services Deductible 0 AED Outpatient Procedure Copayment 20% Outpatient Procedure Deductible 0 AED Pharmaceutical Copayment 20% Pharmaceutical Deductible 0 AED Dental Coverage Covered Dental Coverage 0 4 Free Access Dental Copayment Alternative Medicine Alternative Medicine Access Othical Plan Not Covered Othical Plan	Chronic Condition Waiting Period	0 Month(s)
Physicial Consultation Copayment 20% Physician Consultation Copay Maximum Amount 100 AED Laboratory Services Copayment 20% Laboratory Services Deductible 0 AED Radiology Services Deductible 0 AED Outpatient Procedure Copayment 20% Outpatient Procedure Deductible 0 AED Pharmaceutical Copayment 20% Pharmaceutical Copayment 20% Pharmaceutical Deductible 0 AED Dental Coverage Covered Covered Dental Access 04 Free Access Dental Copayment 20% Alternative Medicine Access 01 Reimbursement Alternative Medicine Copayment 20% Optical Plan Not Covered	Outpatient Plan	Covered
Physician Consultation Copay Maximum Amount Laboratory Services Copayment Laboratory Services Deductible Radiology Services Deductible Radiology Services Deductible O AED Radiology Services Deductible O AED Outpatient Procedure Copayment 20% Outpatient Procedure Deductible O AED Pharmaceutical Copayment 20% Pharmaceutical Deductible O AED Dental Coverage Covered Dental Access Dental Copayment Alternative Medicine Alternative Medicine Copayment Otical Plan Not Covered Otical Plan	Physicial Consultation Deductible	0 AED
Laboratory Services Copayment 20% Radiology Services Copayment 20% Radiology Services Deductible 0 AED Outpatient Procedure Copayment 20% Outpatient Procedure Deductible 0 AED Pharmaceutical Copayment 20% Pharmaceutical Deductible 0 AED Dental Coverage Covered Dental Access 04 Free Access Dental Copayment 20% Alternative Medicine Access 01 Reimbursement Alternative Medicine Copayment 20% Optical Plan Not Covered	Physicial Consultation Copayment	20%
Laboratory Services Deductible Radiology Services Copayment Radiology Services Deductible Outpatient Procedure Copayment Outpatient Procedure Deductible Outpatient Procedure Deductible O AED Pharmaceutical Copayment 20% Pharmaceutical Deductible O AED Dental Coverage Covered Dental Access Dental Copayment 20% Alternative Medicine Alternative Medicine Copayment 20% Other access Other ac	Physician Consultation Copay Maximum Amount	100 AED
Radiology Services Copayment 20% Radiology Services Deductible 0 AED Outpatient Procedure Copayment 20% Outpatient Procedure Deductible 0 AED Pharmaceutical Copayment 20% Pharmaceutical Deductible 0 AED Dental Coverage Covered Dental Access 04 Free Access Dental Copayment 20% Alternative Medicine Access 01 Reimbursement Alternative Medicine Copayment 20% Optical Plan Not Covered	Laboratory Services Copayment	20%
Radiology Services Deductible Outpatient Procedure Copayment 20% Outpatient Procedure Deductible 0 AED Pharmaceutical Copayment 20% Pharmaceutical Deductible 0 AED Dental Coverage Covered Dental Access Dental Copayment 20% Alternative Medicine Alternative Medicine Copayment 20% Optical Plan O AED Covered O AED Covered O AED O A	Laboratory Services Deductible	0 AED
Outpatient Procedure Copayment 20% Outpatient Procedure Deductible 0 AED Pharmaceutical Copayment 20% Pharmaceutical Deductible 0 AED Dental Coverage Covered Dental Access 04 Free Access Dental Copayment 20% Alternative Medicine Access 01 Reimbursement Alternative Medicine Copayment 20% Optical Plan Not Covered	Radiology Services Copayment	20%
Outpatient Procedure Deductible Pharmaceutical Copayment 20% Pharmaceutical Deductible 0 AED Dental Coverage Covered Dental Access 04 Free Access Dental Copayment 20% Alternative Medicine Alternative Medicine Copayment 20% Optical Plan Not Covered	Radiology Services Deductible	0 AED
Pharmaceutical Copayment 20% Pharmaceutical Deductible 0 AED Dental Coverage Covered Dental Access 04 Free Access Dental Copayment 20% Alternative Medicine Copayment 01 Reimbursement Alternative Medicine Copayment 20% Optical Plan Not Covered	Outpatient Procedure Copayment	20%
Pharmaceutical Deductible 0 AED Dental Coverage Covered Dental Access 04 Free Access Dental Copayment 20% Alternative Medicine Copayment Covered Alternative Medicine Copayment 20% Optical Plan Not Covered	Outpatient Procedure Deductible	0 AED
Dental Coverage Covered Dental Access O4 Free Access Dental Copayment 20% Alternative Medicine Covered Alternative Medicine Access O1 Reimbursement Alternative Medicine Copayment 20% Not Covered	Pharmaceutical Copayment	20%
Dental Access Dental Copayment Alternative Medicine Access Alternative Medicine Copayment Optical Plan Output Dental Access Output Dental Access Output Dental Copayment Covered Covered Output Dental Copayment Covered Output Dental Copayment Alternative Medicine Access Not Covered Not Covered	Pharmaceutical Deductible	0 AED
Dental Copayment 20% Alternative Medicine Copayment Covered Alternative Medicine Access 01 Reimbursement Alternative Medicine Copayment 20% Optical Plan Not Covered	Dental Coverage	Covered
Alternative Medicine Access O1 Reimbursement Alternative Medicine Copayment 20% Optical Plan Not Covered	Dental Access	04 Free Access
Alternative Medicine Access 01 Reimbursement Alternative Medicine Copayment 20% Optical Plan Not Covered	Dental Copayment	20%
Alternative Medicine Copayment 20% Optical Plan Not Covered	Alternative Medicine	Covered
Optical Plan Not Covered	Alternative Medicine Access	01 Reimbursement
	Alternative Medicine Copayment	20%
Optical Copayment 0%	Optical Plan	Not Covered
	Optical Copayment	0%

03 Not Covered

Optical Access

UAE , GCC , Middle East, Indian Sub Continent & South East

Wellness Access	03 Not Covered0
Vaccination Plan	Covered
Vaccination Access	02 Reimbursement & Free Access
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%
Physiotherapy Deductible	0 AED
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
DHA Member Registration ID	1005-000-118029147-01

10/Jun/2023 15:36 PM

DISCLAIMER:

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