

## **Patient Details**

Card Number 097112950245143402

DHA Member ID 1035-036-113897734-01

Mobile Number 526276877

Email

Identification Emirates ID:

First Name DESIREE NATASHA

Last Name FRANCIS

Date of Birth 10 Jan 1986

Gender Female

Start Date 17 Feb 2023

Expiry Date 16 Feb 2024

Member Network

(Please follow EBP network protocols.)

Policy Holder DESIREE NATASHA FRANCIS

Policy Issued From Dubai-DHA

## **Member Benefits**

Payer's Name Islamic Arab Insurance Co. (P.S.C.)\_Peak Re\_EBP\_TPA\_295

Assist America Coverage NO

Package Default Network EBP

Approvals Classification Standard

HAAD/DHA Approval Number DHA-SIAIC-MNG-395

Dubai Territory of Coverage Special Remark for Provider Outpatient treatment restricted to clinics only Pre-Existing Conditions Waiting Period 6 Month(s) **Chronic Condition Waiting Period** 6 Month(s) Physicial Consultation Copayment 20% 20% **Laboratory Services Copayment** Radiology Services Copayment 20% **Outpatient Services Copayment** 20% **Pharmaceutical Copayment** 30% **Dental Access** 03 Not Covered 100% **Dental Copayment** 03 Not Covered Alternative Medicine Access **Optical Copayment** 100% Wellness Access 03 Not Covered0 Vaccination Access 01 Reimbursement Out Mat Physician Consultation Copayment 10% Out Mat Laboratory Copayment 10% 10% Out Mat Radiology Copayment Out Mat Pharmaceuticals Copayment 10% Maternity IP Plan Covered Physiotherapy Services Copayment 20% 20% Inpatient Copay

**DHA Member Registration ID** 

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