

## Patient Details

|                    |                             |
|--------------------|-----------------------------|
| Card Number        | 097110040240749302          |
| DHA Member ID      | I008-036-113911960-02       |
| Mobile Number      |                             |
| Email              |                             |
| Identification     | Emirates ID :               |
| First Name         | Prateeksha                  |
| Last Name          | Chidambara                  |
| Date of Birth      | 11 Jan 2010                 |
| Gender             | Female                      |
| Start Date         | 01 May 2023                 |
| Expiry Date        | 30 Apr 2024                 |
| Member Network     | Silver Premium              |
| Policy Holder      | AL FUTTAIM PRIVATE CO. LLC. |
| Policy Issued From | Dubai-DHA                   |

## Member Benefits

|                                        |                                                                                                                                                                  |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Payer's Name                           | Orient Insurance PJSC_Enhanced_4                                                                                                                                 |
| Assist America Coverage                | YES                                                                                                                                                              |
| Package Default Network                | Silver Premium                                                                                                                                                   |
| Approvals Classification               | Standard                                                                                                                                                         |
| HAAD/DHA Approval Number               | DHA-MN3593B                                                                                                                                                      |
| Territory of Coverage                  | UAE, Arab Countries, South East Asia, Iran & Afghanistan                                                                                                         |
| Special Remark for Provider            | At HealthHub Camp Clinics: Copay II OP, Rad, Lab - 0% II PH - 0% II PHYSIO - 0%  &  At Preferred Providers: Copay II OP, Rad, Lab - 5% II PH - 5% II PHYSIO - 5% |
| Special Remark for Provider            | At Hospitals Copay & Ded: Cons - refer to standard benefit II OP, Rad, Lab - 15% II PH - 15% II PHYSIO - 10%                                                     |
| Pre-Existing Conditions Waiting Period | 0 Month(s)                                                                                                                                                       |
| Chronic Condition Waiting Period       | 0 Month(s)                                                                                                                                                       |
| Outpatient Plan                        | Covered                                                                                                                                                          |
| Physical Consultation Copayment        | 20%                                                                                                                                                              |

|                                                            |                                |
|------------------------------------------------------------|--------------------------------|
| Physician Consultation Copay                               | 60 AED                         |
| Maximum Amount                                             |                                |
| Laboratory Services Copayment                              | 10%                            |
| Radiology Services Copayment                               | 10%                            |
| Outpatient Services Copayment                              | 0%                             |
| Pharmaceutical Copayment                                   | 10%                            |
| Dental Coverage                                            | Covered                        |
| Dental Access                                              | 02 Reimbursement & Free Access |
| Dental Copayment                                           | 20%                            |
| Alternative Medicine                                       | Covered                        |
| Alternative Medicine Access                                | 02 Reimbursement & Free Access |
| Alternative Medicine Copayment                             | 0%                             |
| Optical Plan                                               | Not Covered                    |
| Optical Copayment                                          | 100%                           |
| Optical Access                                             | 03 Not Covered                 |
| Wellness Access                                            | 03 Not Covered0                |
| Vaccination Access                                         | 02 Reimbursement & Free Access |
| Vaccination Copayment                                      | 0%                             |
| Out Mat Physician Consultation<br>Copayment                | 0%                             |
| Out Mat Physician Consultation<br>Copayment Maximum Amount | 0 AED                          |
| Out Mat Laboratory Copayment                               | 0%                             |
| Out Mat Radiology Copayment                                | 0%                             |
| Out Mat Pharmaceuticals<br>Copayment                       | 0%                             |
| Maternity IP Plan                                          | Not Covered                    |
| Physiotherapy Services Copayment                           | 10%                            |
| Inpatient Copay                                            | 0%                             |
| DHA Member Registration ID                                 | I008-036-113911960-02          |

PRINT

**DISCLAIMER:**

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

12/Oct/2023 08:32 AM