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**Pre-Approval required for OP equal to or exceeding AED 1,000 / QAR 1,000 / BD 100 / OMR 100 [excluding consultation]; AND for the services detailed.**  
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**Member Details**

|                          |                                                            |                        |            |
|--------------------------|------------------------------------------------------------|------------------------|------------|
| <b>Member Name :</b>     | MD MIRJAMAL MD RURUL ISLAM HOQ                             |                        |            |
| <b>Sponsor Name :</b>    | SHERATON GRAND HOTEL LLC-DUBAI CAT6                        |                        |            |
| <b>Policy No :</b>       | 13/XC/35522/0                                              |                        |            |
| <b>Membership No :</b>   | 114/E/0                                                    |                        |            |
| <b>DHA ID :</b>          | I010-000-115402238-02                                      |                        |            |
| <b>Emirates Id :</b>     | 784-1996-8691716-4                                         | <b>Date Of Birth :</b> | 02/05/1996 |
| <b>Area Of Cover :</b>   | Regional Plus 2                                            | <b>Is VIP Member :</b> | No         |
| <b>IP Network :</b>      | AXA5+EMIRATES                                              | <b>Start Date :</b>    | 01/07/2023 |
| <b>OP Network :</b>      | AXA5+EMIRATES                                              | <b>Expiry Date :</b>   | 30/06/2024 |
| <b>Product :</b>         | Group Plan                                                 |                        |            |
| <b>Deductible :</b>      | OP:20% MAX AED 50 ON CONSULT;PH:10%;MAT:NIL                |                        |            |
| <b>Additional Info :</b> | PRIME CLINICS INCLUDED                                     |                        |            |
| <b>Benefits :</b>        | R&B:PVT.ROOM,OUTP,MAT,HoT ( <a href="#">Show Details</a> ) |                        |            |

**Abbreviations :**

|                                                                                                         |                         |                                 |
|---------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|
| <b>PER SERVICE :</b> Copay applicable per service type (Eg : Laboratory, Consultation , Radiology,etc.) |                         |                                 |
| <b>CLINIC :</b> Clinics/ Medical center                                                                 | <b>INCL :</b> Including | <b>OPT :</b> Optical            |
| <b>COINS/CO-INS :</b> Co-insurance                                                                      | <b>IP :</b> In Patient  | <b>OTH :</b> Other              |
| <b>CONS/CONSULT :</b> Consultation                                                                      | <b>LAB :</b> Laboratory | <b>PH :</b> Pharmacy            |
| <b>DENT :</b> Dental                                                                                    | <b>MAT :</b> Maternity  | <b>PHYSIO :</b> Physiotherapy   |
| <b>DIAG :</b> Diagnostic                                                                                | <b>MAX :</b> Maximum    | <b>R&amp;B :</b> Room and Board |
| <b>EXCL/EX :</b> Excluding                                                                              | <b>OP :</b> Out Patient | <b>RAD/RADIO :</b> Radiology    |
| <b>HOSP/HOSPIT :</b> Hospital                                                                           |                         |                                 |

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