

Patient Details

| Card Number | 097111790223761501 |
|--------------------|---------------------------|
| DHA Member ID | 1005-000-115084165-03 |
| Mobile Number | 529057681 |
| Email | |
| Identification | Emirates ID : |
| First Name | VENKAT |
| Last Name | REDDY DUBBAKA |
| Date of Birth | 30 Aug 1977 |
| Gender | Male |
| Start Date | 05 Aug 2023 |
| Expiry Date | 04 Aug 2024 |
| Member Network | N5 |
| Policy Holder | AL HABBAI CONTRACTING LLC |
| Policy Issued From | Dubai-DHA |

Member Benefits

| Payer's Name | Dubai Insurance_Besso_Dubaicare_179 |
|--|-------------------------------------|
| Assist America Coverage | YES |
| Package Default Network | N5 |
| Approvals Classification | Standard |
| HAAD/DHA Approval Number | DHA- |
| Territory of Coverage | UAE & Home Country |
| 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% |
| Laboratory Services Copayment | 20% |
| Laboratory Services Deductible | 0 AED |
| Radiology Services Copayment | 20% |
| Radiology Services Deductible | 0 AED |
| Outpatient Procedure Copayment | 0% |
| Outpatient Procedure Deductible | 0 AED |
| Pharmaceutical Copayment | 30% |

| Pharmaceutical Deductible | 0 AED |
|------------------------------------|-----------------------|
| Dental Coverage | Not Covered |
| Dental Access | 03 Not Covered |
| Dental Copayment | 0% |
| Alternative Medicine | Not Covered |
| Alternative Medicine Access | 03 Not Covered |
| Alternative Medicine Copayment | 0% |
| Optical Plan | Not Covered |
| Optical Copayment | 0% |
| Optical Access | 03 Not Covered |
| Wellness Access | 03 Not Covered0 |
| Vaccination Plan | Not Covered |
| Vaccination Access | 03 Not Covered |
| Vaccination Copayment | 0% |
| Out Mat Physician Consultation | 0% |
| Copayment | |
| Out Mat Physician Consultation | 0 AED |
| Copayment Maximum Amount | 07.125 |
| Out Mat Laboratory Copayment | 0% |
| Out Mat Radiology Copayment | 0% |
| Out Mat Pharmaceuticals Copayment | 0% |
| Maternity IP Plan | Not Covered |
| Physiotherapy Services Copayment | 20% |
| Physiotherapy Deductible | 0 AED |
| Inpatient Copay | 20% |
| Inpatient Copay Maximum Amount per | 500 AED |
| Claim | |
| DHA Member Registration ID | 1005-000-115084165-03 |

DISCLAIMER:

ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON 25/Nov/2023 11:24 AM CLAIM SUBMISSION.

CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.