

## Patient Details

|                    |                                             |
|--------------------|---------------------------------------------|
| Card Number        | 097111700270733401                          |
| DHA Member ID      | I044-036-117177709-01                       |
| Mobile Number      | 554684535                                   |
| Email              |                                             |
| Identification     | Emirates ID :                               |
| First Name         | SHEVON                                      |
| Last Name          | KESARA ARACHCHIGE                           |
| Date of Birth      | 10 Feb 2021                                 |
| Gender             | Male                                        |
| Start Date         | 20 Sep 2023                                 |
| Expiry Date        | 19 Sep 2024                                 |
| Member Network     | Silk Road                                   |
| Policy Holder      | KINNARPS PROJECT MANAGEMENT INTERIORS L.L.C |
| Policy Issued From | Dubai-DHA                                   |

## Member Benefits

|                          |                                                                        |
|--------------------------|------------------------------------------------------------------------|
| Payer's Name             | National Life & General Insurance Company SAOG Dubai<br>Branch_TPA_170 |
| Assist America Coverage  | YES                                                                    |
| Package Default Network  | Silk Road                                                              |
| Approvals Classification | Standard                                                               |
| HAAD/DHA Approval Number | DHA-GMD03092023484                                                     |

|                                                         |                                      |
|---------------------------------------------------------|--------------------------------------|
| Territory of Coverage                                   | UAE, Arab Countries, South East Asia |
| Pre-Existing Conditions Waiting Period                  | 0 Month(s)                           |
| Chronic Condition Waiting Period                        | 0 Month(s)                           |
| Outpatient Plan                                         | Covered                              |
| Physician Consultation Copayment                        | 10%                                  |
| Physician Consultation Copay Maximum Amount             | 25 AED                               |
| Laboratory Services Copayment                           | 0%                                   |
| Radiology Services Copayment                            | 0%                                   |
| Outpatient Services Copayment                           | 0%                                   |
| Pharmaceutical Copayment                                | 0%                                   |
| Dental Copayment                                        | 100%                                 |
| Dental Access                                           | 03 Not Covered                       |
| Dental Copayment                                        | 100%                                 |
| Alternative Medicine                                    | Not Covered                          |
| Alternative Medicine Access                             | 03 Not Covered                       |
| Alternative Medicine Copayment                          | 100%                                 |
| Optical Plan                                            | Not Covered                          |
| Optical Copayment                                       | 100%                                 |
| Optical Access                                          | 03 Not Covered                       |
| 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%                    |
| Inpatient Copay                   | 0%                    |
| DHA Member Registration ID        | I044-036-117177709-01 |

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**DISCLAIMER:**

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