

## **Patient Details**

Card Number 097113070257117102

DHA Member ID ---

Mobile Number 00971508978061

Email

Identification Emirates ID:

First Name EVELYNE

Last Name WAHU MBURU

Date of Birth 28 Jul 1979

Gender Female

Start Date 20 Jun 2023

Expiry Date 19 Jun 2024

Member Network Silk Road

Policy Holder EVELYNE WAHU MBURU

Policy Issued From Others / NE

## **Member Benefits**

Payer's Name Dubai Insurance\_PB\_Religare\_MedNet\_307

Assist America Coverage YES

Package Default Network Silk Road

Approvals Classification Standard

HAAD/DHA Approval Number PB-M-SR - PLAN 20

Territory of Coverage	Worldwide
Special Remark for Provider	OP access to Clinics only
Pre-Existing Conditions Waiting Period	0 Month(s)
Chronic Condition Waiting Period	0 Month(s)
Outpatient Plan	Covered
Physicial Consultation Copayment	20%
Physician Consultation Copay Maximum Amount	50 AED
Laboratory Services Copayment	20%
Radiology Services Copayment	20%
Outpatient Procedure Copayment	20%
Pharmaceutical Copayment	20%
Dental Coverage	Covered
Dental Access	02 Reimbursement & Free Access
Dental Copayment	20%
Dental Copayment  Alternative Medicine	20% Covered
Alternative Medicine	Covered
Alternative Medicine Alternative Medicine Access	Covered 01 Reimbursement
Alternative Medicine  Alternative Medicine Access  Alternative Medicine Copayment	Covered 01 Reimbursement 0%
Alternative Medicine Alternative Medicine Access Alternative Medicine Copayment Optical Plan	Covered  01 Reimbursement  0%  Not Covered
Alternative Medicine Alternative Medicine Access Alternative Medicine Copayment Optical Plan Optical Copayment	Covered  01 Reimbursement  0%  Not Covered  100%
Alternative Medicine Alternative Medicine Access Alternative Medicine Copayment Optical Plan Optical Copayment Optical Access	Covered  01 Reimbursement  0%  Not Covered  100%  03 Not Covered
Alternative Medicine Alternative Medicine Access  Alternative Medicine Copayment  Optical Plan  Optical Copayment  Optical Access  Wellness Access	Covered  01 Reimbursement  0%  Not Covered  100%  03 Not Covered  03 Not Covered0
Alternative Medicine Alternative Medicine Access  Alternative Medicine Copayment  Optical Plan  Optical Copayment  Optical Access  Wellness Access  Vaccination Plan	Covered  01 Reimbursement  0%  Not Covered  100%  03 Not Covered  03 Not Covered0  Not Covered

10%

Out Mat Physician Consultation Copayment

Out Mat Laboratory Copayment	10%
Out Mat Radiology Copayment	10%
Out Mat Pharmaceuticals Copayment	10%
Maternity IP Plan	Not Covered
Physiotherapy Services Copayment	20%
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
DHA Member Registration ID	

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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.