

## Patient Details

|                    |                                         |
|--------------------|-----------------------------------------|
| Card Number        | 097110040086049101                      |
| DHA Member ID      | I008-036-113653595-08                   |
| Mobile Number      | United Arab Emirates (+ 971 ) 582315011 |
| Email              |                                         |
| Identification     | Emirates ID :                           |
| First Name         | ELFATIH                                 |
| Last Name          | HAMAD ADAM ELRADI                       |
| Date of Birth      | 01 Jan 1972                             |
| Gender             | Male                                    |
| Start Date         | 01 Jan 2024                             |
| Expiry Date        | 31 Dec 2024                             |
| Member Network     | Green                                   |
| Policy Holder      | NATIONAL CEMENT COMPANY PSC.            |
| Policy Issued From | Dubai-DHA                               |

## Member Benefits

|                          |                                  |
|--------------------------|----------------------------------|
| Payer's Name             | Orient Insurance PJSC_Enhanced_4 |
| Assist America Coverage  | YES                              |
| Package Default Network  | Green                            |
| Approvals Classification | Standard                         |
| HAAD/DHA Approval Number | DHA-MN5178B                      |

|                                                         |                                                          |
|---------------------------------------------------------|----------------------------------------------------------|
| Territory of Coverage                                   | UAE, Arab Countries, South East Asia, Iran & Afghanistan |
| Pre-Existing Conditions Waiting Period                  | 0 Month(s)                                               |
| Chronic Condition Waiting Period                        | 0 Month(s)                                               |
| Outpatient Plan                                         | Covered                                                  |
| Physicial Consultation Copayment                        | Copay 20% Max 25 AED applicable                          |
| Laboratory Services Copayment                           | 10%                                                      |
| Radiology Services Copayment                            | 10%                                                      |
| Outpatient Services Copayment                           | 10%                                                      |
| Pharmaceutical Copayment                                | 10%                                                      |
| Dental Coverage                                         | Covered                                                  |
| Dental Access                                           | 02 Reimbursement & Free Access                           |
| Dental Copayment                                        | 10%                                                      |
| Alternative Medicine                                    | Covered                                                  |
| Alternative Medicine Access                             | 02 Reimbursement & Free Access                           |
| Alternative Medicine Copayment                          | 10%                                                      |
| Optical Plan                                            | Covered                                                  |
| Optical Copayment                                       | 0%                                                       |
| Optical Access                                          | 01 Reimbursement                                         |
| Wellness Access                                         | 01 Reimbursement                                         |
| Vaccination Access                                      | 03 Not Covered                                           |
| 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  | 10%                   |
| Inpatient Copay                   | 0%                    |
| DHA Member Registration ID        | I008-036-113653595-08 |

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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.

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