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Patient Details

Card Number	097111790327233901
DHA Member ID	I005-000-120347253-01
Mobile Number	
Email	
Identification	Emirates ID :
First Name	Murodjon
Last Name	Kosimov
Date of Birth	29 Oct 2000
Gender	Male
Start Date	17 Jan 2024
Expiry Date	19 Nov 2024
Member Network	N5
Policy Holder	SOLUTIONS LEISURE FZ 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	DIN - BASIC
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 Copayment	Copay 0% Max 0 AED applicable
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 Claim	500 AED
DHA Member Registration ID	I005-000-120347253-01

PRINT

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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