

Patient Details

Card Number	097111030337670902
DHA Member ID	I013-036-120681862-01
Mobile Number	554506838
Email	
Identification	Emirates ID :
First Name	BAIMONNAH
Last Name	USOP
Date of Birth	06 Jan 1993
Gender	Female
Start Date	16 Apr 2024
Expiry Date	15 Apr 2025
Member Network	EBP Network (Please follow EBP network protocols.)
Policy Holder	MRS MIKA RESTAURANT
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	AMERICAN LIFE INSURANCE CO_EBP(LSB)_103
Assist America Coverage	NO
Package Default Network	EBP
Approvals Classification	Standard
HAAD/DHA Approval Number	DHA-MED23394

Territory of Coverage	UAE & South East Asia
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Physician Consultation Copayment	20%
Laboratory Services Copayment	20%
Radiology Services Copayment	20%
Outpatient Services Copayment	20%
Pharmaceutical Copayment	30%
Out Mat Physician Consultation Copayment	10%
Out Mat Laboratory Copayment	10%
Out Mat Radiology Copayment	10%
Out Mat Pharmaceuticals Copayment	10%
X3 Inpatient Maternity Employee Benefit	Not Covered
Physiotherapy Services Copayment	20%
Inpatient Copay	20%
Inpatient Copay Maximum Amount per Claim	500 AED
DHA Member Registration ID	I013-036-120681862-01

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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.