

Patient Details

Card Number	097110040083939301
DHA Member ID	I008-036-114825247-05
Mobile Number	United Arab Emirates (+ 971) 529002830
Email	
Identification	Emirates ID :
First Name	TASNIM
Last Name	FAIZ
Date of Birth	16 Feb 1985
Gender	Male
Start Date	01 May 2024
Expiry Date	30 Apr 2025
Member Network	Silver Premium
Policy Holder	AL FUTTAIM PRIVATE CO. LLC.
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Orient Insurance PJSC_Enhanced_4
Assist America Coverage	YES
Package Default Network	Silver Premium
Approvals Classification	Standard
HAAD/DHA Approval Number	DHA-MN3593B

Territory of Coverage	UAE, Arab Countries, South East Asia, Iran & Afghanistan
Special Remark for Provider	At HealthHub Clinics : Consultation - 20% max up to AED 60 Rad, Lab - 5% PH - 5% PHYSIO - 5% At HealthHub Camp Clinics : Consultation Nil Ded, Copay for Rad, Lab - 5% PH - 5% PHYSIO - 5%.
Special Remark for Provider	No Copay will apply on Lab/Rad/pharmacy for treatment related to cancer At Hospitals Copay & Ded: Cons - refer to standard benefit OP, Rad, Lab - 15% PH - 15% PHYSIO - 10%
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Outpatient Plan	Covered
Physicial Consultation Copayment	Copay 20% Max 60 AED applicable
Laboratory Services Copayment	10%
Radiology Services Copayment	10%
Outpatient Services Copayment	0%
Pharmaceutical Copayment	10%
Dental Coverage	Covered
Dental Access	02 Reimbursement & Free Access
Dental Copayment	20%
Alternative Medicine	Covered
Alternative Medicine Access	02 Reimbursement & Free Access
Alternative Medicine Copayment	0%
Optical Plan	Not Covered
Optical Copayment	100%
Optical Access	03 Not Covered
Wellness Access	03 Not Covered0

Vaccination Access	02 Reimbursement & Free Access
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	10%
Inpatient Copay	0%
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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.