

## Patient Details

|                    |                                                              |
|--------------------|--------------------------------------------------------------|
| Card Number        | 097112950227872701                                           |
| DHA Member ID      | I035-036-118605455-02                                        |
| Mobile Number      | United Arab Emirates (+ 971 ) 555527062                      |
| Email              |                                                              |
| Identification     | Emirates ID :                                                |
| First Name         | MD AMINUR                                                    |
| Last Name          | RAHMAN KHAN                                                  |
| Date of Birth      | 15 Oct 1985                                                  |
| Gender             | Male                                                         |
| Start Date         | 11 Oct 2023                                                  |
| Expiry Date        | 10 Oct 2024                                                  |
| Member Network     | <b>EBP Network</b><br>(Please follow EBP network protocols.) |
| Policy Holder      | MD AMINUR RAHMAN KHAN                                        |
| Policy Issued From | Dubai-DHA                                                    |

## Member Benefits

|                          |                                                         |
|--------------------------|---------------------------------------------------------|
| Payer's Name             | Islamic Arab Insurance Co. (P.S.C.)_Peak Re_EBP_TPA_295 |
| Assist America Coverage  | NO                                                      |
| Package Default Network  | EBP                                                     |
| Approvals Classification | Standard                                                |
| HAAD/DHA Approval Number | DHA-SIAIC-MNG-395                                       |

|                                                 |                                                 |
|-------------------------------------------------|-------------------------------------------------|
| Territory of Coverage                           | Dubai                                           |
| Special Remark for Provider                     | Outpatient treatment restricted to clinics only |
| Pre-Existing Conditions Waiting Period (Months) | 6 Month(s)                                      |
| Chronic Condition Waiting Period (Months)       | 6 Month(s)                                      |
| Physicial Consultation Copayment                | 20%                                             |
| Laboratory Services Copayment                   | 20%                                             |
| Radiology Services Copayment                    | 20%                                             |
| Outpatient Services Copayment                   | 20%                                             |
| Pharmaceutical Copayment                        | 30%                                             |
| Dental Access                                   | 03 Not Covered                                  |
| Dental Copayment                                | 100%                                            |
| Alternative Medicine Access                     | 03 Not Covered                                  |
| Optical Copayment                               | 100%                                            |
| Wellness Access                                 | 03 Not Covered0                                 |
| Vaccination Access                              | 01 Reimbursement                                |
| Out Mat Physician Consultation Copayment        | 10%                                             |
| 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                                 | 20%                                             |
| DHA Member Registration ID                      | I035-036-118605455-02                           |

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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.