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Patient Details

Card Number	097110040348321602
DHA Member ID	I008-036-121064029-01
Mobile Number	567625882
Email	
Identification	Emirates ID :
First Name	MAYA SEWWANDI
Last Name	HETTIARACHCHI
Date of Birth	08 Jan 1993
Gender	Female
Start Date	11 Jul 2024
Expiry Date	14 Nov 2024
Member Network	Green
Policy Holder	GENESIS HEALTHCARE CENTRE FZ-LLC
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-MN540631A

Territory of Coverage	Worldwide
Outpatient Plan	Covered
Physicial Consultation Copayment	Copay 20% Max 50 AED applicable
Laboratory Services Copayment	10%
Radiology Services Copayment	10%
Outpatient Procedure Copayment	10%
Pharmaceutical Copayment	20%
Dental Coverage	Not Covered
Dental Access	03 Not Covered
Dental Copayment	100%
Alternative Medicine	Covered
Alternative Medicine Access	01 Reimbursement
Alternative Medicine Copayment	0%
Optical Plan	Not Covered
Optical Copayment	100%
Optical Access	03 Not Covered
Wellness Access	01 Reimbursement
Vaccination Plan	Covered
Vaccination Access	01 Reimbursement
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	Copay 100% Max 0 AED applicable
Out Mat Laboratory Copayment	100%
Out Mat Radiology Copayment	100%
Out Mat Pharmaceuticals Copayment	100%
Maternity IP Plan	Not Covered

Physiotherapy Services Copayment	0%
Inpatient Copay	0%
DHA Member Registration ID	I008-036-121064029-01

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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.