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Pre-Approval required for OP equal to or exceeding AED 1,000 / QAR 1,000 / BD 100 / OMR 100 / KWD 80 / SAR 1,000 [excluding consultation]; AND for the services detailed.

For Further Details Please [Click here](#)

Member Details

Member Name :	YAROSLAVA BURSAK		
Sponsor Name :	LE MERIDIEN MINA SEYAH I -DUBAI CAT6		
Policy No :	13/XC/35989/0		
Membership No :	44/E/0		
DHA ID :	I010-000-118512872-03		
Emirates Id :	784-1994-8030760-4	Date Of Birth :	20/06/1994
Area Of Cover :	Regional Plus 2	Is VIP Member :	No
IP Network :	A.1	Start Date :	01/07/2024
OP Network :	A.1	Expiry Date :	30/06/2025
Product :	Group Plan		
Deductible :	CONSULT:20% MAX AED 100;PH:NIL;MAT:NIL		
Additional Info :	MEDICLINIC GROUP:15% ON ALL OP INCL PHARMACY & CANCER: NIL		
Benefits :	R&B:PVT.ROOM, OUTP,MAT,DENT,HoT (Show Details)		



Abbreviations :

PER SERVICE TYPE: Copay applicable per total of each service type (Eg: Consultation, Laboratory, Radiology, etc.)		
CLINIC : Clinics/ Medical center	INCL : Including	OPT : Optical
COINS/CO-INS : Co-insurance	IP : In Patient	OTH : Other
CONS/CONSULT : Consultation	LAB : Laboratory	PH : Pharmacy
DENT : Dental	MAT : Maternity	PHYSIO : Physiotherapy
DIAG : Diagnostic	MAX : Maximum	R&B : Room and Board
EXCL/EX : Excluding	OP : Out Patient	RAD/RADIO : Radiology
HOSP/HOSPIT : Hospital		

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