

Patient Details

Card Number	097112440281748802
DHA Member ID	I005-000-118823234-01
Mobile Number	564229006
Email	
Identification	Emirates ID :
First Name	Rochelle
Last Name	Almenanza
Date of Birth	15 Nov 1989
Gender	Female
Start Date	09 Dec 2023
Expiry Date	08 Dec 2024
Member Network	N3
Policy Holder	AL SHIRAWI INFRASTRUCTURE CONSTRUCTION CO. LLC
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Dubai Insurance_XOL_Dubaicare_244
Assist America Coverage	YES
Package Default Network	N3
Approvals Classification	Standard
HAAD/DHA Approval Number	DIN-2023- AL SHIRAWI

Territory of Coverage	UAE , Arab Countries, South East Asia, Indian Sub-Continent and Middle East
Special Remark for Provider	Nil copay on treatment at Zulekha Group
Special Remark for Provider	20% copay on all OP services
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Outpatient Plan	Covered
Physicial Consultation Deductible	0 AED
Physicial Consultation Copayment	Copay 20% Max 50 AED applicable
Laboratory Services Copayment	20%
Laboratory Services Deductible	0 AED
Radiology Services Copayment	20%
Radiology Services Deductible	0 AED
Outpatient Procedure Copayment	20%
Outpatient Procedure Deductible	0 AED
Pharmaceutical Copayment	20%
Pharmaceutical Deductible	0 AED
Dental Coverage	Covered
Dental Access	01 Reimbursement
Alternative Medicine	Covered
Alternative Medicine Access	01 Reimbursement
Alternative Medicine Copayment	0%
Optical Plan	Covered
Optical Copayment	0%
Optical Access	01 Reimbursement

Wellness Access	03 Not Covered0
Vaccination Plan	Not Covered
Vaccination Access	02 Reimbursement & Free Access
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	Copay 10% Max 0 AED applicable
Out Mat Laboratory Copayment	10%
Out Mat Radiology Copayment	10%
Out Mat Pharmaceuticals Copayment	10%
Maternity IP Plan	Covered
Physiotherapy Services Copayment	20%
Physiotherapy Deductible	0 AED
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
DHA Member Registration ID	I005-000-118823234-01

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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.