

## Patient Details

|                    |                                         |
|--------------------|-----------------------------------------|
| Card Number        | 097110040169439001                      |
| DHA Member ID      | I008-036-113636379-08                   |
| Mobile Number      | United Arab Emirates (+ 971 ) 568070379 |
| Email              |                                         |
| Identification     | Emirates ID :                           |
| First Name         | GHALIB AHSAN                            |
| Last Name          | MUHAMMAD                                |
| Date of Birth      | 15 Mar 1991                             |
| Gender             | Male                                    |
| Start Date         | 01 Jan 2024                             |
| Expiry Date        | 31 Dec 2024                             |
| Member Network     | Silver Premium                          |
| Policy Holder      | NATIONAL CEMENT COMPANY PSC.            |
| 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-MN5178A                      |

|                                                 |                                                          |
|-------------------------------------------------|----------------------------------------------------------|
| Territory of Coverage                           | UAE, Arab Countries, South East Asia, Iran & Afghanistan |
| Pre-Existing Conditions Waiting Period (Months) | 0 Month(s)                                               |
| Chronic Condition Waiting Period (Months)       | 0 Month(s)                                               |
| Outpatient Plan                                 | Covered                                                  |
| Physician Consultation Copayment                | 10%                                                      |
| Laboratory Services Copayment                   | 10%                                                      |
| Radiology Services Copayment                    | 10%                                                      |
| Outpatient Services Copayment                   | 10%                                                      |
| Pharmaceutical Copayment                        | 10%                                                      |
| Dental Coverage                                 | Covered                                                  |
| Dental Access                                   | Covered on direct billing                                |
| Dental Copayment                                | 0%                                                       |
| Alternative Medicine                            | Covered                                                  |
| Alternative Medicine Access                     | Covered on direct billing                                |
| Alternative Medicine Copayment                  | 10%                                                      |
| Optical Plan                                    | Covered                                                  |
| Optical Copayment                               | 0%                                                       |
| Optical Access                                  | Reimbursement Only                                       |
| Wellness Access                                 | Reimbursement Only                                       |
| Vaccination Access                              | Reimbursement Only                                       |
| 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%                    |
| DHA Member Registration ID       | I008-036-113636379-08 |

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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.

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