

## Patient Details

|                    |                                                              |
|--------------------|--------------------------------------------------------------|
| Card Number        | 097112840281539201                                           |
| DHA Member ID      | I013-036-120219809-01                                        |
| Mobile Number      | 557626732                                                    |
| Email              |                                                              |
| Identification     | Emirates ID :                                                |
| First Name         | HABEEB MOHAMMED                                              |
| Last Name          | MOHAMMED MAQBOOL                                             |
| Date of Birth      | 01 Jul 1998                                                  |
| Gender             | Male                                                         |
| Start Date         | 05 Dec 2023                                                  |
| Expiry Date        | 04 Dec 2024                                                  |
| Member Network     | <b>EBP Network</b><br>(Please follow EBP network protocols.) |
| Policy Holder      | GOLDEN LUXURY TRANSPORT LLC CAT A BASIC                      |
| Policy Issued From | Dubai-DHA                                                    |

## Member Benefits

|                          |                                           |
|--------------------------|-------------------------------------------|
| Payer's Name             | AMERICAN LIFE INSURANCE CO_Mid-Market_284 |
| Assist America Coverage  | NO                                        |
| Package Default Network  | EBP                                       |
| Approvals Classification | Standard                                  |
| HAAD/DHA Approval Number | DHA- 6508810000                           |

|                                                 |                                      |
|-------------------------------------------------|--------------------------------------|
| Territory of Coverage                           | UAE & Home Country                   |
| Pre-Existing Conditions Waiting Period (Months) | 0 Month(s)                           |
| Chronic Condition Waiting Period (Months)       | 0 Month(s)                           |
| Outpatient Plan                                 | Covered                              |
| Physicial Consultation Copayment                | Copay 20% Max 150000 AED applicable  |
| Laboratory Services Copayment                   | 20%                                  |
| Radiology Services Copayment                    | 20%                                  |
| Outpatient Procedure Copayment                  | 20%                                  |
| Pharmaceutical Copayment                        | 30%                                  |
| Dental Coverage                                 | Not Covered                          |
| Dental Access                                   | Not Covered                          |
| Dental Copayment                                | 100%                                 |
| Alternative Medicine                            | Not Covered                          |
| Alternative Medicine Access                     | Not Covered                          |
| Alternative Medicine Copayment                  | 100%                                 |
| Optical Plan                                    | Not Covered                          |
| Optical Copayment                               | 100%                                 |
| Optical Access                                  | Not Covered                          |
| Wellness Access                                 | Reimbursement Only                   |
| Vaccination Plan                                | Not Covered                          |
| Vaccination Access                              | Not Covered                          |
| Vaccination Copayment                           | 0%                                   |
| Out Mat Physician Consultation Copayment        | Copay 100% Max 150000 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                   | 20%                   |
| DHA Member Registration ID        | I013-036-120219809-01 |

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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.

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