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Patient Details

Card Number	097113060342300302
DHA Member ID	--
Mobile Number	00971521393339
Email	
Identification	Emirates ID :
First Name	NOUR SAED MOHAMMAD
Last Name	ALI DOUZDAR..
Date of Birth	01 Jan 1995
Gender	Female
Start Date	01 Jun 2024
Expiry Date	31 May 2025
Member Network	Exclusive N2
Policy Holder	MOHAMMAD ZAKARIA MOHAMMAD ALSOULIMAN..
Policy Issued From	Others / NE

Member Benefits

Payer's Name	Dubai Insurance_PB_Religare_Dubaicare_306
Assist America Coverage	YES
Package Default Network	Exclusive N2
Approvals Classification	Standard
HAAD/DHA Approval Number	PB-DC N2 E - PLAN 20
Territory of Coverage	Worldwide
Pre-Existing Conditions Waiting Period (Months)	6 Month(s)
Chronic Condition Waiting Period (Months)	6 Month(s)
Outpatient Plan	Covered
Physicial Consultation Copayment	Copay 20% Max 50 AED applicable
Laboratory Services Copayment	20%
Radiology Services Copayment	20%
Outpatient Procedure Copayment	20%
Pharmaceutical Copayment	20%

Dental Coverage	Covered
Dental Access	Covered on direct billing
Dental Copayment	20%
Alternative Medicine Access	Reimbursemebent Only
Alternative Medicine Copayment	0%
Optical Plan	Not Covered
Optical Copayment	100%
Optical Access	Not Covered
Wellness Access	Not Covered0
Vaccination Plan	Not Covered
Vaccination Access	Not Covered
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	10%
Out Mat Laboratory Copayment	10%
Out Mat Radiology Copayment	10%
Out Mat Pharmaceuticals Copayment	10%
Maternity IP Plan	Covered
Physiotherapy Services Copayment	20%
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
DHA Member Registration ID	--

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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