

## **Patient Details**

Card Number 097113070329373102

DHA Member ID 1005-036-114376775-01

Mobile Number 00971558118369

Email

Identification Emirates ID :

First Name PRABHA

Last Name BOTHRA

Date of Birth 09 Nov 1962

Gender Female

Start Date 12 Feb 2024

Expiry Date 11 Feb 2025

Member Network Silk Road

Policy Holder PRABHA BOTHRA

Policy Issued From Dubai-DHA

## **Member Benefits**

Payer's Name Dubai Insurance\_PB\_Religare\_MedNet\_307

Assist America Coverage YES

Package Default Network Silk Road

Approvals Classification Standard

HAAD/DHA Approval Number PB-M-SR - PLAN 0

Territory of Coverage	Worldwide
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 50 AED applicable
Laboratory Services Copayment	0%
Radiology Services Copayment	0%
Outpatient Procedure Copayment	0%
Pharmaceutical Copayment	0%
Dental Coverage	Covered
Dental Access	Covered on direct billing
Dental Copayment	20%
Alternative Medicine	Covered
Alternative Medicine Alternative Medicine Access	Covered  Reimbursemebent Only
Alternative Medicine Access	Reimbursemebent Only
Alternative Medicine Access  Alternative Medicine Copayment	Reimbursemebent Only 0%
Alternative Medicine Access  Alternative Medicine Copayment  Optical Plan	Reimbursemebent Only 0% Not Covered
Alternative Medicine Access  Alternative Medicine Copayment  Optical Plan  Optical Copayment	Reimbursemebent Only  0%  Not Covered  100%
Alternative Medicine Access  Alternative Medicine Copayment  Optical Plan  Optical Copayment  Optical Access	Reimbursemebent Only  0%  Not Covered  100%  Not Covered
Alternative Medicine Access  Alternative Medicine Copayment  Optical Plan  Optical Copayment  Optical Access  Wellness Access	Reimbursemebent Only  0%  Not Covered  100%  Not Covered  Not Covered0
Alternative Medicine Access  Alternative Medicine Copayment  Optical Plan  Optical Copayment  Optical Access  Wellness Access  Vaccination Plan	Reimbursemebent Only  0%  Not Covered  100%  Not Covered  Not Covered  Covered
Alternative Medicine Access  Alternative Medicine Copayment  Optical Plan  Optical Copayment  Optical Access  Wellness Access  Vaccination Plan  Vaccination Access	Reimbursemebent Only  0%  Not Covered  100%  Not Covered  Not Covered  Covered  Covered on direct billing
Alternative Medicine Access  Alternative Medicine Copayment  Optical Plan  Optical Copayment  Optical Access  Wellness Access  Vaccination Plan  Vaccination Access  Vaccination Copayment	Reimbursemebent Only  0%  Not Covered  100%  Not Covered  Not Covered  Covered  Covered on direct billing  0%

10%

Out Mat Radiology Copayment

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	1005-036-114376775-01

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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.