

## Patient Details

|                    |                                                          |
|--------------------|----------------------------------------------------------|
| Card Number        | 097110500366248602                                       |
| DHA Member ID      | I008-036-121812424-01                                    |
| Mobile Number      |                                                          |
| Email              |                                                          |
| Identification     | Emirates ID :                                            |
| First Name         | MARIVIC                                                  |
| Last Name          | MATILLANO                                                |
| Date of Birth      | 25 Sep 1993                                              |
| Gender             | Female                                                   |
| Start Date         | 27 Nov 2024                                              |
| Expiry Date        | 16 Jul 2025                                              |
| Member Network     | EBP                                                      |
| Policy Holder      | SUPPLY & DESIGN DECORATION DESIGN & IMPLEMENTATION L.L.C |
| Policy Issued From | Dubai-DHA                                                |

## Member Benefits

|                                                 |                                                 |
|-------------------------------------------------|-------------------------------------------------|
| Payer's Name                                    | Orient Insurance PJSC_EBP(LSB)_50               |
| Assist America Coverage                         | NO                                              |
| Package Default Network                         | EBP                                             |
| Approvals Classification                        | Standard                                        |
| HAAD/DHA Approval Number                        | DHA-MN540837B                                   |
| Territory of Coverage                           | UAE & Home Country                              |
| Special Remark for Provider                     | Outpatient treatment restricted to clinics only |
| Pre-Existing Conditions Waiting Period (Months) | 6 Month(s)                                      |
| Chronic Condition Waiting Period (Months)       | 6 Month(s)                                      |
| Physical Consultation Copayment                 | Copay 20% Max 25 AED applicable                 |
| Laboratory Services Copayment                   | 10%                                             |
| Radiology Services Copayment                    | 10%                                             |
| Outpatient Services Copayment                   | 10%                                             |
| Pharmaceutical Copayment                        | 10%                                             |
| Dental Access                                   | Not Covered                                     |
| Dental Copayment                                | 100%                                            |
| Alternative Medicine Access                     | Not Covered                                     |
| Optical Copayment                               | 100%                                            |
| Wellness Access                                 | Not Covered0                                    |
| Vaccination Access                              | Reimburse ment Only                             |
| Out Mat Physician Consultation Copayment        | 10%                                             |
| Out Mat Laboratory Copayment                    | 10%                                             |
| Out Mat Radiology Copayment                     | 10%                                             |
| Out Mat Pharmaceuticals Copayment               | 10%                                             |
| Maternity IP Plan                               | Not Covered                                     |

|                                  |                       |
|----------------------------------|-----------------------|
| Physiotherapy Services Copayment | 10%                   |
| Inpatient Copay                  | 20%                   |
| DHA Member Registration ID       | I008-036-121812424-01 |

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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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