

## Patient Details

|                    |                       |
|--------------------|-----------------------|
| Card Number        | 097111460363542302    |
| DHA Member ID      | I024-036-121714975-01 |
| Mobile Number      | 509863551             |
| Email              |                       |
| Identification     | Emirates ID :         |
| First Name         | LAYA                  |
| Last Name          | AL KERDY              |
| Date of Birth      | 04 Aug 2018           |
| Gender             | Female                |
| Start Date         | 15 Nov 2024           |
| Expiry Date        | 14 Nov 2025           |
| Member Network     | Green                 |
| Policy Holder      | IBRAHIM AL KERDY      |
| Policy Issued From | Dubai-DHA             |

## Member Benefits

|                          |                                          |
|--------------------------|------------------------------------------|
| Payer's Name             | Al Ittihad Al Watani Insurance_Dubai_146 |
| Assist America Coverage  | YES                                      |
| Package Default Network  | Green                                    |
| Approvals Classification | Standard                                 |
| HAAD/DHA Approval Number | DHA-MN_GRN_0021                          |

|                                                 |                                 |
|-------------------------------------------------|---------------------------------|
| Territory of Coverage                           | Worldwide                       |
| Pre-Existing Conditions Waiting Period (Months) | 0 Month(s)                      |
| Chronic Condition Waiting Period (Months)       | 0 Month(s)                      |
| Outpatient Plan                                 | Covered                         |
| Physical Consultation Copayment                 | Copay 20% Max 50 AED applicable |
| Laboratory Services Copayment                   | 20%                             |
| Radiology Services Copayment                    | 20%                             |
| Outpatient Services Copayment                   | 20%                             |
| Pharmaceutical Copayment                        | 20%                             |
| Dental Coverage                                 | Covered                         |
| Dental Access                                   | Covered on direct billing       |
| Dental Copayment                                | 20%                             |
| Alternative Medicine                            | Covered                         |
| Alternative Medicine Access                     | Reimbursement Only              |
| Alternative Medicine Copayment                  | 0%                              |
| Optical Plan                                    | Not Covered                     |
| Optical Copayment                               | 0%                              |
| Wellness Access                                 | Not Covered                     |
| Vaccination Plan                                | Covered                         |
| Vaccination Access                              | Covered on direct billing       |
| 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                | Not Covered           |
| Physiotherapy Services Copayment | 20%                   |
| Inpatient Copay                  | 0%                    |
| DHA Member Registration ID       | I024-036-121714975-01 |

23/Jan/2025 11:15 AM

**DISCLAIMER:**  
ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM SUBMISSION.  
CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.

CONFIDENTIAL