

Patient Details

Card Number	097113010352134301
DHA Member ID	I035-036-121234912-01
Mobile Number	585566791
Email	
Identification	Emirates ID :
First Name	Damien
Last Name	FAVEIRA
Date of Birth	24 May 1994
Gender	Male
Start Date	31 Jul 2024
Expiry Date	30 Jul 2025
Member Network	Silver Classic + Saudi German, AlZahra & MedCare Group
Policy Holder	Damien FAVEIRA
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Islamic Arab Insurance Co. (P.S.C.)_April international_TPA_301
Assist America Coverage	NO
Package Default Network	Silver Classic + Saudi German, AlZahra & MedCare Group
Approvals Classification	Standard
HAAD/DHA Approval Number	DHA-SIAIC-MED-APRIL-003

Territory of Coverage	Worldwide Excluding USA
Special Remark for Provider	This member will be covered on direct billing at your facility with this Co-Payment variation.
Special Remark for Provider	Silver Classic NW provider + SGH Group + Al Zahra Hospital DXB + Medcare Grp will have 0% Co-Pay on all services Silver Premium NW provider + American Hospital will have 30% Co-pay on all services.
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Outpatient Plan	Covered
Physicial Consultation Copayment	Copay 0% Max 0 AED applicable
Laboratory Services Copayment	0%
Radiology Services Copayment	0%
Outpatient Services Copayment	0%
Pharmaceutical Copayment	0%
Dental Coverage	Covered
Dental Access	Covered on direct billing
Dental Copayment	0%
Alternative Medicine	Covered
Alternative Medicine Access	Covered on direct billing
Alternative Medicine Copayment	0%
Optical Plan	Covered
Optical Copayment	0%
Optical Access	Covered on direct billing
Wellness Access	Reimbursement Only
Vaccination Plan	Covered

Vaccination Access	Reimburse ment Only
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	Copay 100% Max 0 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	0%
DHA Member Registration ID	I035-036-121234912-01

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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.