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Patient Details

Card Number	097111030356887202
DHA Member ID	I013-036-119095939-01
Mobile Number	United Arab Emirates (+ 971) 569935628
Email	
Identification	Emirates ID :
First Name	REEDA
Last Name	SALVATIERRA
Date of Birth	12 Mar 1990
Gender	Female
Start Date	01 Oct 2024
Expiry Date	30 Sep 2025
Member Network	**EBP Network** (Please follow EBP network protocols.)
Policy Holder	GESAL YESUDAS
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	AMERICAN LIFE INSURANCE CO_EBP(LSB)_103
Assist America Coverage	NO
Package Default Network	EBP
Approvals Classification	Standard
HAAD/DHA Approval Number	DHA-MED24017

Territory of Coverage	UAE & South East Asia
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Physicial Consultation Copayment	20%
Laboratory Services Copayment	20%
Radiology Services Copayment	20%
Outpatient Services Copayment	20%
Pharmaceutical Copayment	30%
Out Mat Physician Consultation Copayment	10%
Out Mat Laboratory Copayment	10%
Out Mat Radiology Copayment	10%
Out Mat Pharmaceuticals Copayment	10%
X3 Inpatient Maternity Employee Benefit	Covered
Physiotherapy Services Copayment	20%
Inpatient Copay	20%
Inpatient Copay Maximum Amount per Claim	500 AED
DHA Member Registration ID	I013-036-119095939-01

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