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Patient Details

Card Number	097112440237286901
DHA Member ID	I005-000-118309577-03
Mobile Number	United Arab Emirates (+ 971) 42090929
Email	
Identification	Emirates ID :
First Name	MUHAMMAD
Last Name	IRFAN MUHAMMAD LATIF
Date of Birth	21 Mar 1989
Gender	Male
Start Date	01 Jan 2025
Expiry Date	31 Dec 2025
Member Network	N5
Policy Holder	EMIRATES TRANSPORT
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Dubai Insurance_XOL_Dubaicare_244
Assist America Coverage	YES
Package Default Network	N5
Approvals Classification	Standard
HAAD/DHA Approval Number	DIN-2024-CAT B-EMIRATES TRANSPORT
Territory of Coverage	UAE & Home Country
Special Remark for Provider	
@ Hospitals : Physician Consultation 20% Max AED 50 || 20% Copay on all other OP Services	
Special Remark for Provider	
OP treatment restricted to Clinics || OP treatment at Hospital is subject to Referral or Emergency Treatment	
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Outpatient Plan	Covered
Physician Consultation Deductible	0 AED
Physician Consultation Copayment	20%
Physician Consultation Copay Maximum Amount	25 AED
Laboratory Services Copayment	20%
Laboratory Services Deductible	30 AED

Radiology Services Copayment	20%
Radiology Services Deductible	30 AED
Outpatient Procedure Copayment	0%
Outpatient Procedure Deductible	0 AED
Pharmaceutical Copayment	20%
Pharmaceutical Deductible	0 AED
Dental Coverage	Covered
Dental Copayment	30%
Dental Access	Covered on direct billing
Alternative Medicine	Covered
Alternative Medicine Access	Reimbursemebent Only
Alternative Medicine Copayment	20%
Optical Plan	Not Covered
Optical Copayment	0%
Optical Access	Not Covered
Wellness Access	Covered on direct billing
Vaccination Plan	Not Covered
Vaccination Access	Not Covered
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	Copay 0% Max 0 AED applicable
Out Mat Laboratory Copayment	0%
Out Mat Radiology Copayment	0%
Out Mat Pharmaceuticals Copayment	0%
Maternity IP Plan	Not Covered
Physiotherapy Services Copayment	20%
Physiotherapy Deductible	0 AED
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
DHA Member Registration ID	I005-000-118309577-03

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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