

## **Patient Details**

Card Number	097112440399259401
DHA Member ID	1005-000-122868632-01
Mobile Number	523163590
Email	
Identification	Emirates ID :
First Name	Kaung Wai
Last Name	Yan Kyaw
Date of Birth	02 Oct 1998
Gender	Male
Start Date	07 Jun 2025
Expiry Date	06 Jun 2026
Member Network	N4
Policy Holder	C CENTRAL RESORT
Policy Issued From	Dubai-DHA

## **Member Benefits**

Assist America Coverage YES  Package Default Network N4  Approvals Classification Standard  HAAD/DHA Approval Number DIN-2025-CANAL CENTRAL-CATC  Territory of Coverage UAE & Home Country  Pre-Existing Conditions Waiting Period (Months) O Month(s)  Chronic Condition Waiting Period (Months) O Month(s)  Physician Consultation Deductible O AED  Physician Consultation Copayment 20%  Physician Consultation Copayment 0%  Amount 0%  Laboratory Services Copayment 0%  Radiology Services Copayment 0%  Radiology Services Deductible 0 AED  Pharmaceutical Conductible 0 AED  Physician Consultation Copayment 0%  Radiology Services Deductible 0 AED  Pharmaceutical Copayment 0%  Pharmaceutica	Payer's Name	Dubai Insurance_XOL_Dubaicare_244
Approvals Classification Standard  HAAD/DHA Approval Number DIN-2025-CANAL CENTRAL-CATC  Territory of Coverage UAE & Home Country  Pre-Existing Conditions Waiting Period (Months) O Month(s)  Chronic Condition Waiting-Period (Months) O Month(s)  Physician Consultation Deductible O AED  Physician Consultation Copayment 20%  Physician Consultation Copay Maximum 30 AED  Amount Laboratory Services Copayment 0%  Radiology Services Copayment 0%  Radiology Services Copayment 0%  Radiology Services Deductible O AED  Outpatient Procedure Copayment 0%  Outpatient Procedure Deductible O AED  Pharmaceutical Copayment 0%  Pharmaceutical Copayment 0%  Pharmaceutical Copayment 0%  Pharmaceutical Deductible O AED  Dental Access Covered on direct billing  Dental Copayment 30%  Alternative Medicine Access Reimbursemebent Only  Alternative Medicine Copayment 020%	Assist America Coverage	YES
HAAD/DHA Approval Number DIN-2025-CANAL CENTRAL-CATC Territory of Coverage UAE & Home Country  Pre-Existing Conditions Waiting Period (Months) O Month(s)  Chronic Condition Waiting Period (Months) O Month(s)  Physician Consultation Deductible O AED Physician Consultation Copayment Amount Laboratory Services Copayment O% Laboratory Services Deductible O AED  Radiology Services Deductible O AED  Outpatient Procedure Copayment O% Outpatient Procedure Deductible O AED  Pharmaceutical Copayment O% Curpatient Procedure Deductible O AED  Pharmaceutical Copayment O% Curpatient Procedure Copayment O% Curpatient Procedur	Package Default Network	N4
Territory of Coverage  Pre-Existing Conditions Waiting Period (Months)  O Month(s)  Chronic Condition Waiting Period (Months)  Physician Consultation Deductible  Physician Consultation Copayment  Amount  Laboratory Services Copayment  Down AED  Radiology Services Copayment  Ow  Radiology Services Deductible  O AED  Outpatient Procedure Copayment  Ow  Outpatient Procedure Deductible  O AED  Pharmaceutical Copayment  O%  Covered on direct billing  Dental Access  Reimbursemebent Only  Alternative Medicine Access  Reimbursemebent Only  Alternative Medicine Copayment  O Month(s)  O MeD  O AED  O AED  O AED  Outpatient Procedure Deductible  O AED  O AED  Outpatient Procedure Deductible  O AED  O AED  O AED  O AED  O AED  O AED  Outpatient Procedure Deductible  O AED  O	Approvals Classification	Standard
Pre-Existing Conditions Waiting Period (Months)  Chronic Condition Waiting Period (Months)  O Month(s)  Physician Consultation Deductible  Physician Consultation Copayment  Defusion Consultation Copay Maximum  Amount  Laboratory Services Copayment  O%  Laboratory Services Deductible  O AED  Radiology Services Copayment  O%  Radiology Services Deductible  O AED  Outpatient Procedure Copayment  O%  Outpatient Procedure Deductible  O AED  Pharmaceutical Copayment  O%  Pharmaceutical Copayment  O%  Pharmaceutical Deductible  O AED  Dental Access  Covered on direct billing  Dental Copayment  30%  Alternative Medicine Access  Reimbursemebent Only  Alternative Medicine Copayment  20%	HAAD/DHA Approval Number	DIN-2025-CANAL CENTRAL-CATC
Chronic Condition Waiting Pariod (Months)  O Month(s)  Physician Consultation Deductible  O AED  Physician Consultation Copayment  20%  Physician Consultation Copay Maximum  Amount  Laboratory Services Copayment  O%  Laboratory Services Deductible  O AED  Radiology Services Deductible  O AED  Radiology Services Deductible  O AED  Outpatient Procedure Copayment  O%  Outpatient Procedure Deductible  O AED  Pharmaceutical Copayment  O%  Pharmaceutical Deductible  O AED  Dental Access  Covered on direct billing  Dental Copayment  30%  Alternative Medicine Access  Reimbursemebent Only  Alternative Medicine Copayment  20%	Territory of Coverage	UAE & Home Country
Chronic Condition Waiting Pariod (Months)  Chronic Condition Waiting Pariod (Months)  Physician Consultation Deductible  Physician Consultation Copayment  20%  Physician Consultation Copayment  30 AED  Amount  Laboratory Services Copayment  0%  Laboratory Services Deductible  0 AED  Radiology Services Copayment  0%  Radiology Services Deductible  0 AED  Outpatient Procedure Copayment  0%  Outpatient Procedure Deductible  0 AED  Pharmaceutical Copayment  0%  Pharmaceutical Deductible  0 AED  Dental Access  Covered on direct billing  Dental Copayment  30%  Alternative Medicine Access  Reimbursemebent Only  Alternative Medicine Copayment  20%	Pre-Existing Conditions Waiting Period	0 Month(a)
Physician Consultation Deductible 0 AED Physician Consultation Copayment 20% Physician Consultation Copay Maximum 30 AED Amount Laboratory Services Copayment 0% Laboratory Services Deductible 0 AED Radiology Services Copayment 0% Radiology Services Deductible 0 AED Outpatient Procedure Copayment 0% Outpatient Procedure Deductible 0 AED Pharmaceutical Copayment 0% Pharmaceutical Deductible 0 AED Dental Access Covered on direct billing Dental Copayment 30% Alternative Medicine Access Reimbursemebent Only Alternative Medicine Copayment 20%	(Months)	-o Montu(s)
Physician Consultation Copayment 20%  Physician Consultation Copay Maximum 30 AED  Amount  Laboratory Services Copayment 0%  Laboratory Services Deductible 0 AED  Radiology Services Copayment 0%  Radiology Services Deductible 0 AED  Outpatient Procedure Copayment 0%  Outpatient Procedure Deductible 0 AED  Pharmaceutical Copayment 0%  Pharmaceutical Deductible 0 AED  Dental Access Covered on direct billing  Dental Copayment 30%  Alternative Medicine Access Reimbursemebent Only  Alternative Medicine Copayment 20%	Chronic Condition Waiting Period (Months)	0 Month(s)
Physician Consultation Copay Maximum Amount  Laboratory Services Copayment 0%  Laboratory Services Deductible 0 AED  Radiology Services Copayment 0%  Radiology Services Deductible 0 AED  Outpatient Procedure Copayment 0%  Outpatient Procedure Copayment 0%  Pharmaceutical Copayment 0%  Pharmaceutical Deductible 0 AED  Dental Access Covered on direct billing  Dental Copayment 30%  Alternative Medicine Access Reimbursemebent Only  Alternative Medicine Copayment 20%	Physician Consultation Deductible	0 AED
Amount  Laboratory Services Copayment  Laboratory Services Deductible  Radiology Services Copayment  Radiology Services Deductible  O AED  Outpatient Procedure Copayment  O%  Outpatient Procedure Deductible  O AED  Pharmaceutical Copayment  O%  Pharmaceutical Deductible  O AED  Dental Access  Covered on direct billing  Dental Copayment  Alternative Medicine Access  Reimbursemebent Only  Alternative Medicine Copayment  O%  AED  AIED  A	Physician Consultation Copayment	20%
Amount  Laboratory Services Copayment 0%  Radiology Services Copayment 0%  Radiology Services Deductible 0 AED  Outpatient Procedure Copayment 0%  Outpatient Procedure Deductible 0 AED  Pharmaceutical Copayment 0%  Pharmaceutical Deductible 0 AED  Dental Access Covered on direct billing  Dental Copayment 30%  Alternative Medicine Access Reimbursemebent Only  Alternative Medicine Copayment 20%	Physician Consultation Copay Maximum	20.450
Laboratory Services Deductible 0 AED  Radiology Services Copayment 0%  Radiology Services Deductible 0 AED  Outpatient Procedure Copayment 0%  Outpatient Procedure Deductible 0 AED  Pharmaceutical Copayment 0%  Pharmaceutical Deductible 0 AED  Dental Access Covered on direct billing  Dental Copayment 30%  Alternative Medicine Access Reimbursemebent Only  Alternative Medicine Copayment 20%	Amount	30 AED
Radiology Services Copayment 0%  Radiology Services Deductible 0 AED  Outpatient Procedure Copayment 0%  Outpatient Procedure Deductible 0 AED  Pharmaceutical Copayment 0%  Pharmaceutical Deductible 0 AED  Dental Access Covered on direct billing  Dental Copayment 30%  Alternative Medicine Access Reimbursemebent Only  Alternative Medicine Copayment 20%	Laboratory Services Copayment	0%
Radiology Services Deductible 0 AED  Outpatient Procedure Copayment 0%  Outpatient Procedure Deductible 0 AED  Pharmaceutical Copayment 0%  Pharmaceutical Deductible 0 AED  Dental Access Covered on direct billing  Dental Copayment 30%  Alternative Medicine Access Reimbursemebent Only  Alternative Medicine Copayment 20%	Laboratory Services Deductible	0 AED
Outpatient Procedure Copayment  Outpatient Procedure Deductible  O AED  Pharmaceutical Copayment  O%  Pharmaceutical Deductible  O AED  Dental Access  Covered on direct billing  Dental Copayment  30%  Alternative Medicine Access  Reimbursemebent Only  Alternative Medicine Copayment  20%	Radiology Services Copayment	0%
Outpatient Procedure Deductible 0 AED  Pharmaceutical Copayment 0%  Pharmaceutical Deductible 0 AED  Dental Access Covered on direct billing  Dental Copayment 30%  Alternative Medicine Access Reimbursemebent Only  Alternative Medicine Copayment 20%	Radiology Services Deductible	0 AED
Pharmaceutical Copayment 0%  Pharmaceutical Deductible 0 AED  Dental Access Covered on direct billing  Dental Copayment 30%  Alternative Medicine Access Reimbursemebent Only  Alternative Medicine Copayment 20%	Outpatient Procedure Copayment	0%
Pharmaceutical Deductible 0 AED  Dental Access Covered on direct billing  Dental Copayment 30%  Alternative Medicine Access Reimbursemebent Only  Alternative Medicine Copayment 20%	Outpatient Procedure Deductible	0 AED
Dental Access     Covered on direct billing       Dental Copayment     30%       Alternative Medicine Access     Reimbursemebent Only       Alternative Medicine Copayment     20%	Pharmaceutical Copayment	0%
Dental Copayment 30%  Alternative Medicine Access Reimbursemebent Only  Alternative Medicine Copayment 20%	Pharmaceutical Deductible	0 AED
Alternative Medicine Access Reimbursemebent Only  Alternative Medicine Copayment 20%	Dental Access	Covered on direct billing
Alternative Medicine Copayment 20%	Dental Copayment	30%
	Alternative Medicine Access	Reimbursemebent Only
Optical Copayment 0%	Alternative Medicine Copayment	20%
	Optical Copayment	0%

Optical Access	Not Covered
Wellness Access	Not Covered0
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%
Physiotherapy Services Copayment	0%
Physiotherapy Deductible	0 AED
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
DHA Member Registration ID	1005-000-122868632-01

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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