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Patient Details

Card Number	097112440399243901
DHA Member ID	I005-000-117593153-01
Mobile Number	505742130
Email	
Identification	Emirates ID :
First Name	John Cyprian
Last Name	Dessa
Date of Birth	21 Jan 1980
Gender	Male
Start Date	07 Jun 2025
Expiry Date	06 Jun 2026
Member Network	N4
Policy Holder	CANAL CENTRAL HOTEL
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Dubai Insurance_XOL_Dubaicare_244
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
Special Remark for Provider	
Members have 24/7 access to OP/IP treatment @OP restricted to clinics & ASTER HOSPITAL QUSAIS, CEDARS JEBEL ALI, ASTER HOSPITAL MANKHOOL, ASTER HOSPITAL MUHAISNAH, NMC ROYAL DIP	
Special Remark for Provider	
OP restricted to clinics & ASTER HOSPITAL QUSAIS, CEDARS JEBEL ALI, ASTER HOSPITAL MANKHOOL, ASTER HOSPITAL MUHAISNAH, NMC ROYAL DIP only	
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	30 AED
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 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	Not Covered0
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	0%
Physiotherapy Deductible	0 AED
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
DHA Member Registration ID	I005-000-117593153-01

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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