

Patient Details

097110040190212102
1008-036-115486421-05
569840664
Emirates ID :
RAWAN NASHAT
MUSTAFA HASSAN
31 Oct 1986
Female
01 Jul 2024
30 Jun 2025
Silver Premium
TEREX EQUIPMENT MIDDLE EAST
Dubai-DHA

Member Benefits

Assist America Coverage YES Package Default Network Silver Prefixim Approvals Classification Standard HAADI/DHA Approval Number DHA-MINS228A Territory of Coverage Worldwide Outpatient Plan Covered Physician Consultation Copayment 20% Physician Consultation Copayment 50 AED Laboratory Services Copayment 0% Radiology Services Copayment 0% Outpatient Procedure Copayment 0% Pharmaceutical Copayment 0% Dental Access Covered Dental Accessa Covered on direct billing Dental Copayment 20% Alternative Medicine Covered Alternative Medicine Access Reimbursemebent Only Alternative Medicine Copayment 0% Optical Plan Covered Optical Plan Covered Optical Access Reimbursemebent Only Wellness Access Reimbursembent Only Wallenses Access Reimbursemebent Only Vaccination Access Reimbursemebent Onl	Payer's Name	Orient Insurance PJSC_Enhanced_4
Approvals Classification HAAD/DHA Approval Number DHA-NINSZ29A Territory of Coverage Worldwide Outpatient Plan Covered Physician Consultation Copayment 20% Physician Consultation Copayment D% Radiology Services Copayment O% Outpatient Procedure Copayment O% Outpatient Procedure Copayment O% Pharmaceutical Copayment O% Dental Coverage Covered Dental Coverage Covered on direct billing Dental Copayment Dental Copayment O% Alternative Medicine Covered Alternative Medicine Copayment O% Optical Plan Covered Optical Plan Covered Optical Copayment O% Vaccination Plan Covered Vaccination Copayment O% Octored Vaccination Copayment O% Out Mat Physician Consultation Copayment O% Out Mat Physician Consultation Copayment Odw Out Mat Laboratory Copayment Odw Out Mat Laboratory Copayment Out Mat Laboratory Copayment Out Mat Laboratory Copayment Out Mat Laboratory Copayment Out Mat Laboratory Copayment	Assist America Coverage	YES
HAAD/DHA Approval Number DHA-MNS225A Territory of Coverage Worldwide Outpatient Plan Covered Physician Consultation Copayment 20% Physician Consultation Copay Maximum Amount 50 AED Laboratory Services Copayment 0% Radiology Services Copayment 0% Outpatient Procedure Copayment 0% Outpatient Procedure Copayment 0% Pharmaceutical Copayment 0% Dental Coverage Covered 0 Dental Copayment 20% Alternative Medicine Access Reimbursemebent Only Alternative Medicine Copayment 0% Optical Copayment 0% Vaccination Plan Covered Vaccination Copayment 0% Out Mat Physician Consultation Copayment 0% Out Mat Physician Consultation Copayment 10%	Package Default Network	Silver Premium
Territory of Coverage Outpatient Plan Covered Physician Consultation Copayment 20% Physician Consultation Copay Maximum Amount 10% Radiology Services Copayment 0% Outpatient Procedure Copayment 0% Outpatient Procedure Copayment 0% Oental Coverage Covered Dental Coverage Covered Dental Copayment 20% Alternative Medicine Alternative Medicine Copayment 0% Optical Plan Covered Optical Plan Covered Optical Access Reimbursemebent Only Wellness Access Reimbursemebent Only Wellness Access Reimbursemebent Only Wellness Access Reimbursemebent Only Wellness Access Reimbursemebent Only Vaccination Plan Covered Vaccination Plan Covered Vaccination Copayment O% Out Mat Laboratory Copayment O% Out Mat Laboratory Copayment O% Out Mat Laboratory Copayment Ook Out Mat Laboratory Copayment	Approvals Classification	Standard
Outpatient Plan Covered Physician Consultation Copayment 20% Physician Consultation Copay Maximum Amount 50 AED Laboratory Services Copayment 0% Radiology Services Copayment 0% Outpatient Procedure Copayment 0% Pharmaceutical Copayment 0% Pharmaceutical Copayment 0% Dental Coverage Covered 0 Dental Coverage Covered 0 Miternative Medicine Copayment 20% Alternative Medicine Access Reimbursemebent Only Alternative Medicine Copayment 0% Optical Plan Covered 0 Ppicial Copayment 0% Optical Access Reimbursemebent Only Wellness Access Reimbursemebent Only Wellness Access Reimbursemebent Only Wellness Access Reimbursemebent Only Vaccination Plan Covered Vaccination Plan Covered Vaccination Copayment 0% Out Mat Physician Consultation Copayment 0% Out Mat Physician Consultation Copayment 0% Out Mat Physician Consultation Copayment 0% Out Mat Laboratory Copayment 0%	HAAD/DHA Approval Number	DHA-MN5225A
Physician Consultation Copayment 20% Physician Consultation Copay Maximum Amount 50 AED Laboratory Services Copayment 0% Radiology Services Copayment 0% Outpatient Procedure Copayment 0% Pharmaceutical Copayment 0% Dental Coverage Covered Copayment 20% Dental Coverage Covered 0 Dental Access Covered 0 Dental Copayment 20% Alternative Medicine Access Reimbursemebent Only Alternative Medicine Copayment 0% Optical Plan Covered 0 Deptical Copayment 0% Optical Access Reimbursemebent Only Wellness Access Reimbursemebent Only Wellness Access Reimbursemebent Only Wellness Access Reimbursemebent Only Waccination Plan Covered Vaccination Plan Covered Vaccination Plan Covered Vaccination Copayment 0% Out Mat Physician Consultation Copayment 0% Out Mat Physician Consultation Copayment 0% Out Mat Physician Consultation Copayment 0% Out Mat Laboratory Copayment 10%	Territory of Coverage	Worldwide
Physician Consultation Copay Maximum Amount 10 AED Laboratory Services Copayment 0% Outpatient Procedure Copayment 0% Pharmaceutical Copayment 0% Dental Coverage Covered Dental Access Covered on direct billing Dental Copayment 20% Alternative Medicine Access Reimbursemebent Only Alternative Medicine Copayment 0% Optical Plan Covered Optical Copayment 0% Optical Copayment 0% Optical Access Reimbursemebent Only Wellness Access Reimbursemebent Only Wellness Access Reimbursemebent Only Wellness Access Reimbursemebent Only Vaccination Plan Covered Optical Access Reimbursemebent Only Wellness Access Reimbursemebent Only Vaccination Plan Covered Out Mat Physician Consultation Copayment 0% Out Mat Physician Consultation Copayment Copay 10% Max 1000000 AED applicable Out Mat Laboratory Copayment 10%	Outpatient Plan	Covered
Laboratory Services Copayment 0% Radiology Services Copayment 0% Outpatient Procedure Copayment 0% Pharmaceutical Copayment 0% Dental Coverage Covered Covered Outpatient Dental Access Covered Outpatient Dental Copayment 20% Alternative Medicine Copayment 20% Alternative Medicine Access Reimbursemebent Only Alternative Medicine Copayment 0% Optical Plan Covered Optical Copayment 0% Optical Access Reimbursemebent Only Wellness Access Reimbursemebent Only Wellness Access Reimbursemebent Only Vaccination Plan Covered Vaccination Plan Covered Out Mat Physician Consultation Copayment 0% Out Mat Physician Consultation Copayment Copayment 0% Out Mat Laboratory Copayment 10%	Physician Consultation Copayment	20%
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Dental Coverage Covered Covered on direct billing Dental Copayment 20% Alternative Medicine Covered Alternative Medicine Access Reimbursemebent Only Alternative Medicine Copayment 0% Optical Plan Covered Optical Copayment 0% Optical Access Reimbursemebent Only Wellness Access Reimbursemebent Only Wellness Access Reimbursemebent Only Vaccination Plan Covered Vaccination Plan Covered Vaccination Copayment 0% Out Mat Physician Consultation Copayment 0% Out Mat Physician Consultation Copayment 10%	Outpatient Procedure Copayment	0%
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Alternative Medicine Access Reimbursemebent Only Alternative Medicine Copayment 0% Optical Plan Covered Optical Copayment 0% Optical Access Reimbursemebent Only Wellness Access Reimbursemebent Only Vaccination Plan Covered Vaccination Access Reimbursemebent Only Vaccination Copayment 0% Out Mat Physician Consultation Copayment Copayment 10% Out Mat Laboratory Copayment 10%	Dental Access	Covered on direct billing
Alternative Medicine Access Reimbursemebent Only Alternative Medicine Copayment 0% Optical Plan Covered Optical Copayment 0% Optical Access Reimbursemebent Only Wellness Access Reimbursemebent Only Vaccination Plan Covered Vaccination Access Reimbursemebent Only Vaccination Copayment 0% Out Mat Physician Consultation Copayment Out Mat Laboratory Copayment 10%	Dental Copayment	20%
Alternative Medicine Copayment 0% Optical Plan Covered Optical Copayment 0% Optical Access Reimbursemebent Only Wellness Access Reimbursemebent Only Vaccination Plan Covered Vaccination Access Reimbursemebent Only Vaccination Copayment 0% Out Mat Physician Consultation Copayment Copayment 10%	Alternative Medicine	Covered
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Optical Copayment 0% Optical Access Reimbursemebent Only Wellness Access Reimbursemebent Only Vaccination Plan Covered Vaccination Access Reimbursemebent Only Vaccination Copayment 0% Out Mat Physician Consultation Copayment Copayment 10%	Alternative Medicine Copayment	0%
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Wellness Access Reimbursemebent Only Vaccination Plan Covered Vaccination Access Reimbursemebent Only Vaccination Copayment 0% Out Mat Physician Consultation Copayment Copayment 10% Out Mat Laboratory Copayment 10%	Optical Copayment	0%
Vaccination Plan Covered Vaccination Access Reimbursemebent Only Vaccination Copayment 0% Out Mat Physician Consultation Copayment Copay 10% Max 1000000 AED applicable Out Mat Laboratory Copayment 10%	Optical Access	Reimbursemebent Only
Vaccination Access Reimbursemebent Only Vaccination Copayment 0% Out Mat Physician Consultation Copayment Copay 10% Max 1000000 AED applicable Out Mat Laboratory Copayment 10%	Wellness Access	Reimbursemebent Only
Vaccination Copayment 0% Out Mat Physician Consultation Copayment Copay 10% Max 1000000 AED applicable Out Mat Laboratory Copayment 10%	Vaccination Plan	Covered
Out Mat Physician Consultation Copayment Copay 10% Max 1000000 AED applicable Out Mat Laboratory Copayment 10%	Vaccination Access	Reimbursemebent Only
Out Mat Laboratory Copayment 10%	Vaccination Copayment	0%
* * *	Out Mat Physician Consultation Copayment	Copay 10% Max 1000000 AED applicable
Out Mat Radiology Copayment 10%	Out Mat Laboratory Copayment	10%
	Out Mat Radiology Copayment	10%

Out Mat Pharmaceuticals Copayment	10%
Maternity IP Plan	Covered
Physiotherapy Services Copayment	0%
Inpatient Copay	0%
DHA Member Registration ID	1008-036-115486421-05

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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.

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