

Patient Details

| Card Number | 097112440399270902 |
|--------------------|--------------------------------|
| DHA Member ID | 1005-000-120887460-01 |
| Mobile Number | 502821996 |
| Email | |
| Identification | Emirates ID : |
| First Name | Ma Josephine |
| Last Name | Refundo Austria |
| Date of Birth | 18 Oct 1978 |
| Gender | Female |
| Start Date | 07 Jun 2025 |
| Expiry Date | 06 Jun 2026 |
| Member Network | Exclusive N2 |
| Policy Holder | FIRST CENTRAL HOTEL APARTMENTS |
| Policy Issued From | Dubai-DHA |

Member Benefits

| Payer's Name | Dubai Insurance_XOL_Dubaicare_244 |
|---|-----------------------------------|
| Assist America Coverage | YES |
| Package Default Network | Exclusive N2 |
| Approvals Classification | Standard |
| HAAD/DHA Approval Number | DIN-2025-CANAL CENTRAL-CATA |
| Territory of Coverage | Worldwide |
| 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 | Copay 20% Max 50 AED applicable |
| 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 | 20% |
| Dental Access | Covered on direct billing |
| Alternative Medicine | Covered |
| Alternative Medicine Access | Reimbursemebent Only |
| Alternative Medicine Copayment | 20% |
| Optical Plan | Covered |
| Optical Copayment | 20% |
| Optical Access | Covered on direct billing |
| Wellness Access | Covered on direct billing |
| Vaccination Plan | Not Covered |
| Vaccination Access | Not Covered |
| Vaccination Copayment | 0% |
| Out Mat Physician Consultation | 0. 40% M. 50 450. U. U. |
| Copayment | Copay 10% Max 50 AED applicable |
| Out Mat Laboratory Copayment | 10% |
| Out Mat Radiology Copayment | 10% |
| Out Mat Pharmaceuticals Copayment | 10% |
| Maternity IP Plan | Covered |
| Physiotherapy Services Copayment | 0% |
| Physiotherapy Deductible | 0 AED |
| Inpatient Copay | 0% |
| Inpatient Copay Maximum Amount per | 0 AED |
| Claim | VALU |
| DHA Member Registration ID | 1005-000-120887460-01 |
| | |

DISCLAIMER:

ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM

27/Jul/2025 18:46 PM SUBMISSION.

CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.