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Patient Details

Card Number	097112440389566502
DHA Member ID	I005-000-119608535-01
Mobile Number	529842500
Email	
Identification	Emirates ID :
First Name	SRUTHY
Last Name	VARGHESE
Date of Birth	14 Aug 1992
Gender	Female
Start Date	29 Mar 2025
Expiry Date	28 Mar 2026
Member Network	N5 + Medeor 24x7 & International Modern Hospital DXB excluding Aster Group
Policy Holder	LIFE PHARMACY L.L.C
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Dubai Insurance_XOL_Dubaicare_244
Assist America Coverage	YES
Package Default Network	N5 + Medeor 24x7 & International Modern Hospital DXB excluding Aster Group
Approvals Classification	Standard
HAAD/DHA Approval Number	DIN-DHA-008
Territory of Coverage	UAE & Home Country exclude USA , Canada & Europe
Special Remark for Provider	Outpatient treatment is restricted to clinics 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%
Laboratory Services Copayment	20%
Laboratory Services Deductible	0 AED
Radiology Services Copayment	20%
Radiology Services Deductible	0 AED
Outpatient Procedure Copayment	0%
Outpatient Procedure Deductible	0 AED
Pharmaceutical Copayment	30%

Pharmaceutical Deductible	0 AED
Dental Coverage	Covered
Dental Copayment	30%
Dental Access	Covered on direct billing
Alternative Medicine	Not Covered
Alternative Medicine Access	Not Covered
Alternative Medicine Copayment	0%
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	20%
Physiotherapy Deductible	0 AED
Inpatient Copay	20%
Inpatient Copay Maximum Amount per Claim	500 AED
DHA Member Registration ID	I005-000-119608535-01

PRINT

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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