



MEMBER DETAILS		BENEFIT DETAILS	
<p>MEMBER NAME : JANAK PRAVIN PANCHAL</p> <p>INSURANCE PLAN : INS008 / Orient Insurance PJSC_Enhanced_4</p> <p>DHA MEMBER ID : I008-036-113253291-03</p> <p>EID : 784-1991-6919714-4 DOB : 14 Nov 1991</p> <p>CARD NUMBER : 097110040253616501 GENDER : MALE</p> <p>MOBILE NUMBER : 558572426 START DATE : 19 May 2023</p> <p>MEMBER NETWORK : Silver Premium END DATE : 18 May 2024</p>		<p>Please follow benefits list for other deductible/copayment details</p>	
<p>PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols.</p>			
<p>SUBJECTIVE clo : Pain and sensitivity in relation to tooth # 19</p> <p> Bleeding gums & stain</p>			
<p>OBJECTIVE : K02.62 : Dental caries on smooth surface penetrating into dentin</p> <p> K05.10 : chronic gingivitis, plaque included.</p>			
TEMP:	PR:	RR:	BP:
			WEIGHT:
P	PHARMACEUTICALS		
L			
A			
N			
P	DIAGNOSTIC PROCEDURES		
L	D2392 : Resin based composite - two surface, posterior (295.2600)		
A	D1110 - Prophylaxis (AED 215.4600)		
N			
<p>Facility Name: DENTISTREE DENTAL CLINIC - JUMEIRAH</p> <p>Telephone No:</p> <p>Physician's Name: Dr. Rehna Ramachandran Dentist</p> <p>Physician's Stamp and Signature: </p>		<p>Patient Registered by: Sherlyn Pungan</p> <p>Date and Time: 06/May/2024 06:30 am</p> <p>Card Holder's Signature: </p> <p>"I hereby authorize any MedNet personnel to access my medical file"</p>	

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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Patient Details

Card Number	097110040253616501
DHA Member ID	1008-036-113253291-03
Mobile Number	558572426
Email	
Identification	Emirates ID :
First Name	JANAK
Last Name	PRAVIN PANCHAL
Date of Birth	14 Nov 1991
Gender	Male
Start Date	19 May 2023
Expiry Date	18 May 2024
Member Network	Silver Premium
Policy Holder	MCREAN INVESTMENT L.L.C
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Orient Insurance PJSC_Enhanced_4
Assist America Coverage	YES
Package Default Network	Silver Premium
Approvals Classification	Standard
HAAD/DHA Approval Number	DHA-MN540508A
Territory of Coverage	Worldwide
Outpatient Plan	Covered
Physicial Consultation Copayment	Copay 20% Max 50 AED applicable
Laboratory Services Copayment	0%
Radiology Services Copayment	0%
Outpatient Procedure Copayment	0%
Pharmaceutical Copayment	0%
Dental Coverage	Covered
Dental Access	02 Reimbursement & Free Access
Dental Copayment	20%
Alternative Medicine	Covered
Alternative Medicine Access	01 Reimbursement
Alternative Medicine Copayment	0%
Optical Plan	Covered
Optical Copayment	0%
Optical Access	01 Reimbursement
Wellness Access	01 Reimbursement
Vaccination Plan	Covered
Vaccination Access	01 Reimbursement
Vaccination Copayment	0%