

Policy Number 6279800000 - AMERICAN CONSULATE-DUBAI
Certificate No. 134 **Dependent:** 1
Policy Name AMERICAN CONSULATE-DUBAI
Member Name MASUZGO NG'OMA
Mobile Number 971585894125
Email Address Ngomamg2@gmail.com
Coverage Status Active
Member Date Of Birth 25/11/1970
Member Gender Male
VIP Status No
Active Medical Coverage Medical / Dental / Optical / Maternity
In Network Yes
Card Expiry Date 31/12/2024
Emirates/Country DUBAI
Pre-Existing Conditions

Medical Copay O/P	20.0% upto AED 35
Medical Copay I/P	NIL
Dental Copay	NIL
Medical Coinsurance O/P	100%
Medical Coinsurance I/P	100%
Pharmacy Copay	NIL
Dental Coinsurance	80.0%
Pharmacy Coinsurance	100%
Alternative Treatment IP IP Copay	100%
Alternative Treatment IP IP Coinsurance	90.0
Alternative Treatment IP IP Deductible	100%
Alternative Treatment OP OP Copay	100%
Alternative Treatment OP OP Coinsurance	90.0
Alternative Treatment OP OP Deductible	100%
Annual check up-Child Copay	100%
Annual check up-Child Coinsurance	100%
Annual check up-Child Deductible	100%
Annual Checkup Copay	100%
Annual Checkup Coinsurance	100%
Annual Checkup Deductible	100%
INFLUENZA VACCINE Copay	100%
INFLUENZA VACCINE Coinsurance	100%
INFLUENZA VACCINE Deductible	100%
MANDATORY VACCINATION Copay	100%
MANDATORY VACCINATION Coinsurance	100%
MANDATORY VACCINATION Deductible	100%
Psychiatry IP IP Copay	100%
Psychiatry IP IP Coinsurance	100%
Psychiatry IP IP Deductible	100%
Psychiatry OP OP Copay	100%
Psychiatry OP OP Coinsurance	100%
Psychiatry OP OP Deductible	100%
Vaccination Copay	100%
Vaccination Coinsurance	80.0
Vaccination Deductible	100%

[E Mail Technical Support](#)

DENTAL Print Form

Additional Information :

Alternative: Ayurvedic and homeopathic coverage only.
 DAYCASE WILL FOLLOW OP PATINET SHARE