

## **Patient Details**

Card Number 097115010350073202

DHA Member ID 1013-036-115770479-01

Mobile Number 506282805

Email

Identification Emirates ID :

First Name ROBIN PAIGE

Last Name DUVENAGE

Date of Birth 28 Dec 1994

Gender Female

Start Date 01 Aug 2024

Expiry Date 31 Jul 2025

Member Network ML - Gold

Policy Holder KAMAL OSMAN JAMJOOM TRDG LLC-P1-DXB

Policy Issued From Dubai-DHA

## **Member Benefits**

Payer's Name AMERICAN LIFE INSURANCE CO\_TPA\_501

Assist America Coverage NO

Package Default Network ML - Gold

DHA Member Registration ID I013-036-115770479-01

HAAD/DHA Approval Number DHA-4514310003

Approvals Classification	Standard
Territory of Coverage	Worldwide Excluding North America
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Outpatient Plan	Covered
Physicial Consultation Deductible	0 AED
Physicial Consultation Copayment	Copay 20% Max 100 AED applicable
Laboratory Services Copayment	0%
Radiology Services Copayment	0%
Outpatient Procedure Copayment	0%
Pharmaceutical Copayment	20%
Dental Coverage	Covered
Dental Access	02 Reimbursement & Free Access
Dental Copayment	20%
Alternative Medicine	Covered
Alternative Medicine Access	02 Reimbursement & Free Access
Alternative Medicine Copayment	10%
Optical Plan	Covered
Optical Copayment	20%
Optical Access	02 Reimbursement & Free Access
Vaccination Plan	Covered
Vaccination Access	02 Reimbursement & Free Access
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	Copay 100% Max 1000000 AED applicable
Out Mat Laboratory Congyment	1009/

100%

Out Mat Laboratory Copayment

Out Mat Radiology C	Copayment	100%

Out Mat Pharmaceuticals Copayment 100%

Maternity IP Plan Not Covered

Physiotherapy Services Copayment 0%

Inpatient Copay 0%

Inpatient Copay Maximum Amount per Claim 0 AED

Psychiatric Access 02 Reimbursement & Free Access

Inpatient Psychiatric Copayment 20%

Outpatient Psychiatric Copayment 20%

## Teleconsultation covered with nil ded/Co-pay

06/Aug/2024 13:58 PM

## DISCLAIMER:

ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM SUBMISSION. CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.