

Patient Details

Card Number	097113060326839702
DHA Member ID	I005-000-116517656-01
Mobile Number	00971502706240
Email	
Identification	Emirates ID :
First Name	INAAYA KHAN
Last Name	ROHILLA
Date of Birth	22 Sep 2015
Gender	Female
Start Date	12 Jan 2024
Expiry Date	11 Jan 2025
Member Network	Exclusive N2
Policy Holder	INAAYA KHAN ROHILLA
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Dubai Insurance_PB_Religare_Dubaicare_306
Assist America Coverage	YES
Package Default Network	Exclusive N2
Approvals Classification	Standard
HAAD/DHA Approval Number	PB-DC N2 E - PLAN 0

Territory of Coverage	Worldwide
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Outpatient Plan	Covered
Physical 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 Access	01 Reimbursement
Alternative Medicine Copayment	0%
Optical Plan	Not Covered
Optical Copayment	100%
Optical Access	03 Not Covered
Wellness Access	03 Not Covered0
Vaccination Plan	Covered
Vaccination Access	02 Reimbursement & Free Access
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	Copay 100% Max 0 AED applicable
Out Mat Laboratory Copayment	100%
Out Mat Radiology Copayment	100%
Out Mat Pharmaceuticals Copayment	100%

Maternity IP Plan	Not Covered
Physiotherapy Services Copayment	20%
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
DHA Member Registration ID	I005-000-116517656-01

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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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