

Patient Details

Card Number	097113070336874202
DHA Member ID	I005-036-114856609-01
Mobile Number	00971501369977
Email	
Identification	Emirates ID :
First Name	SEHRISH
Last Name	AKRAM
Date of Birth	03 Dec 1987
Gender	Female
Start Date	02 Apr 2024
Expiry Date	01 Apr 2025
Member Network	PEARL
Policy Holder	SEHRISH AKRAM
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Dubai Insurance_PB_Religare_MedNet_307
Assist America Coverage	YES
Package Default Network	PEARL
Approvals Classification	Standard
HAAD/DHA Approval Number	PB-M-P - PLAN 20

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	20%
Radiology Services Copayment	20%
Outpatient Procedure Copayment	20%
Pharmaceutical Copayment	20%
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	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	10%
Out Mat Laboratory Copayment	10%
Out Mat Radiology Copayment	10%

Out Mat Pharmaceuticals Copayment	10%
Maternity IP Plan	Covered
Physiotherapy Services Copayment	20%
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
DHA Member Registration ID	I005-036-114856609-01

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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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