

**Policy Number** 0000006031 - TRANSPERFECT  
**Certificate No.** 139033 **Dependent:** 1  
**Policy Name** TRANSPERFECT TRANSLATIONS  
**Member Name** MOHAMED ISMAIL  
**Mobile Number** 971543347357  
**Email Address** mohamed.amr@transperfect.com  
**Coverage Status** Active  
**Member Date Of Birth** 18/05/1998  
**Member Gender** Male  
**VIP Status** No  
**Active Medical Coverage** Medical / Dental / Optical / Maternity  
**In Network** Yes  
**Card Expiry Date** 28/02/2025  
**Emirates/Country** DUBAI  
**Pre-Existing Conditions**

<b>Medical Copay O/P</b>	<b>NIL</b>
<b>Medical Copay I/P</b>	<b>NIL</b>
<b>Dental Copay</b>	<b>NIL</b>
<b>Medical Coinsurance O/P</b>	<b>100%</b>
<b>Medical Coinsurance I/P</b>	<b>100%</b>
<b>Pharmacy Copay</b>	<b>NIL</b>
<b>Dental Coinsurance</b>	<b>80.0%</b>
<b>Pharmacy Coinsurance</b>	<b>100%</b>
Alternative Treatment IP IP Copay	100%
Alternative Treatment IP IP Coinsurance	100%
Alternative Treatment IP IP Deductible	100%
Alternative Treatment OP OP Copay	100%
Alternative Treatment OP OP Coinsurance	100%
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%
Dental Deductible	550.96
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	100%
Vaccination Deductible	100%

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DENTAL

**Additional Information :**

Day case will follow OP patient share  
 For Dental preventive and diagnostic treatment deductible and co-insurance waived

