

Patient Details

Card Number	097110520249194802
DHA Member ID	I008-036-117670758-01
Mobile Number	502118794
Email	
Identification	Emirates ID :
First Name	POOJA
Last Name	PRASAD
Date of Birth	08 Oct 1991
Gender	Female
Start Date	03 Apr 2024
Expiry Date	02 Apr 2025
Member Network	Silver Premium
Policy Holder	VISHNU MENON MENON
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Orient Insurance PJSC_Enhanced_Individual_52
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Important Notes

All services / treatment/ investigations related to MS, will not be covered. #420423

Assist America Coverage	YES
Package Default Network	Silver Premium
Approvals Classification	Standard

HAAD/DHA Approval Number	DHA-FC-0003
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 Services Copayment	0%
Pharmaceutical Copayment	0%
Dental Coverage	Covered
Dental Access	Covered on direct billing
Dental Copayment	20%
Alternative Medicine	Covered
Alternative Medicine Access	Reimbursement Only
Alternative Medicine Copayment	0%
Optical Plan	Not Covered
Optical Copayment	0%
Optical Access	Not Covered
Wellness Access	Not Covered
Vaccination Access	Covered on direct billing
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	0%
Inpatient Copay	0%
DHA Member Registration ID	I008-036-117670758-01

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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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