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Patient Details

| Card Number | 097115010231561702 |
|--------------------|--------------------------------|
| DHA Member ID | 1013-036-114471497-03 |
| Mobile Number | 551200982 |
| Email | |
| Identification | Emirates ID : |
| First Name | SWATHY KRISHNAN |
| Last Name | VACHAKKARA |
| Date of Birth | 15 Aug 1987 |
| Gender | Female |
| Start Date | 01 Dec 2023 |
| Expiry Date | 30 Nov 2024 |
| Member Network | ML - Gold |
| Policy Holder | AMERICAN LIFE INS CO.(U.A.E.). |
| 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 | 1013-036-114471497-03 |
| HAAD/DHA Approval Number | DHA-0741100000 |
| Approvals Classification | Standard |
| Territory of Coverage | Worldwide |
| Special Remark for Provider | Nil co-pay on teleconsultation and SmartDoc. Member is eligible for SmartDoc service |
| 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 50 AED applicable |
| Laboratory Services Copayment | 0% |
| Radiology Services Copayment | 0% |
| Outpatient Procedure Copayment | 0% |
| Pharmaceutical Copayment | 0% |
| Dental Coverage | Covered |
| Dental Access | Covered on direct billing |
| Dental Copayment | 20% |
| Alternative Medicine | Covered |
| Alternative Medicine Access | Covered on direct billing |
| Alternative Medicine Copayment | 10% |
| Optical Plan | Not Covered |
| Optical Copayment | 0% |
| Optical Access | Not Covered |
| Vaccination Plan | Covered |
| Vaccination Access | Covered on direct billing |
| Vaccination Copayment | 0% |
| Out Mat Physician Consultation Copayment | 0% |
| Out Mat Laboratory Copayment | 0% |
| Out Mat Radiology Copayment | 0% |
| Out Mat Pharmaceuticals Copayment | 0% |
| Maternity IP Plan | Covered |
| Physiotherapy Services Copayment | 0% |
| Inpatient Copay | 0% |
| Psychiatric Access | Covered on direct billing |
| Inpatient Psychiatric Copayment | 20% |
| Outpatient Psychiatric Copayment | 20% |

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Teleconsultation covered with nil ded/Co-pay

Member is eligible for Smartdoc service and regular Ded/Co-pay applies.

Please use CPT 99367 for billing this service.

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

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