

Patient Details

Card Number	097113630344059401
DHA Member ID	I005-000-120899970-01
Mobile Number	00971508348342
Email	
Identification	Emirates ID :
First Name	SAMYAR
Last Name	NESHATIAN
Date of Birth	19 Aug 2015
Gender	Male
Start Date	10 Jun 2024
Expiry Date	09 Jun 2025
Member Network	N3
Policy Holder	MOEINEDDIN NESHATIAN
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Dubai Insurance_INSURANCE MARKET_Religare_Dubaicare_363
Assist America Coverage	YES
Package Default Network	N3
Approvals Classification	Standard
HAAD/DHA Approval Number	DIN I IM STD- 20%- N3
Territory of Coverage	Worldwide Excluding USA & Canada
Pre-Existing Conditions Waiting Period (Months)	6 Month(s)
Chronic Condition Waiting Period (Months)	6 Month(s)
Outpatient Plan	Covered
Physical Consultation Deductible	0 AED
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	Covered on direct billing
Dental Copayment	20%
Alternative Medicine	Covered
Alternative Medicine Access	Covered on direct billing
Alternative Medicine Copayment	20%
Optical Plan	Not Covered
Optical Copayment	100%
Optical Access	Not Covered
Wellness Access	Not Covered0
Vaccination Plan	Not Covered
Vaccination Access	Covered on direct billing
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	Copay 100% Max 0 AED applicable
Out Mat Radiology Copayment	100%
Out Mat Laboratory 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	I005-000-120899970-01

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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.

13/Dec/2024 15:14 PM