

Patient Details

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| Card Number | 097112090350318702 |
| DHA Member ID | I005-036-120286837-01 |
| Mobile Number | 501381020 |
| Email | |
| Identification | Emirates ID : |
| First Name | VALENTINA |
| Last Name | DIAS |
| Date of Birth | 28 Nov 2009 |
| Gender | Female |
| Start Date | 08 Aug 2024 |
| Expiry Date | 07 Aug 2025 |
| Member Network | Silver Premium |
| Policy Holder | RightJet FZCO |
| Policy Issued From | Dubai-DHA |

Member Benefits

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|--------------------------|--|
| Payer's Name | Dubai Insurance_MaxHealth_Foyer Sante_MedNet_209 |
| Assist America Coverage | YES |
| Package Default Network | Silver Premium |
| Approvals Classification | Standard |
| HAAD/DHA Approval Number | MAXMED-22-GOLD |

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|---|---------------------------------|
| 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 | Covered on direct billing |
| Alternative Medicine Copayment | 20% |
| Optical Plan | Covered |
| Optical Copayment | 20% |
| Optical Access | Covered on direct billing |
| Wellness Access | Not Covered0 |
| 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% |

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| Out Mat Pharmaceuticals Copayment | 0% |
| Maternity IP Plan | Not Covered |
| Physiotherapy Services Copayment | 0% |
| Inpatient Copay | 0% |
| Inpatient Copay Maximum Amount per Claim | 0 AED |
| DHA Member Registration ID | I005-036-120286837-01 |

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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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