

Patient Details

Card Number	097113070350927302
DHA Member ID	I005-036-118303020-01
Mobile Number	00971501002455
Email	
Identification	Emirates ID :
First Name	PINKY
Last Name	PHOOLWANI.
Date of Birth	01 Sep 1982
Gender	Female
Start Date	08 Aug 2024
Expiry Date	07 Aug 2025
Member Network	PEARL
Policy Holder	HARISH PHOOLWANI
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Dubai Insurance_PB_Religare_MedNet_307
Assist America Coverage	YES
Package Default Network	PEARL
Approvals Classification	Standard
HAAD/DHA Approval Number	PB-M-P - PLAN 0

Territory of Coverage	Worldwide
Pre-Existing Conditions Waiting Period (Months)	6 Month(s)
Chronic Condition Waiting Period (Months)	6 Month(s)
Outpatient Plan	Covered
Physical 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	Reimbursement Only
Alternative Medicine Copayment	0%
Optical Plan	Not Covered
Optical Copayment	100%
Optical Access	Not Covered
Wellness Access	Not Covered
Vaccination Plan	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	20%
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
DHA Member Registration ID	I005-036-118303020-01

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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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