

Patient Details

Card Number	097115010369483602
DHA Member ID	I013-036-117444090-01
Mobile Number	568326976
Email	
Identification	Emirates ID :
First Name	HIMANSHI
Last Name	MANDHYAN
Date of Birth	06 Dec 1992
Gender	Female
Start Date	01 Jan 2025
Expiry Date	31 Dec 2025
Member Network	ML - Gold
Policy Holder	ERNST & YOUNG M.E DXB 1
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	I013-036-117444090-01
HAAD/DHA Approval Number	DHA-4686900000
Special Remark	20% Copay in MediClinic Group on all OP services. 0% Copay in Health Hub Clinics on OP consultation
Approvals Classification	Standard
Territory of Coverage	Worldwide Excluding USA
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Outpatient Plan	Covered
Physical Consultation Deductible	0 AED
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	Covered on direct billing
Alternative Medicine Copayment	0%
Optical Plan	Not Covered
Optical Copayment	100%
Optical Access	Not Covered
Vaccination Plan	Covered
Vaccination Access	Covered on direct billing
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	Copay 100% Max 1000000 AED applicable
Out Mat Laboratory Copayment	100%
Out Mat Radiology Copayment	100%
Out Mat Pharmaceuticals Copayment	100%
Maternity IP Plan	Not Covered
Physiotherapy Services Copayment	0%
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
Psychiatric Access	Covered on direct billing
Inpatient Psychiatric Copayment	0%
Outpatient Psychiatric Copayment	20%

Teleconsultation covered with nil ded/Co-pay

PRINT

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

24/Jan/2025 14:54 PM