

## Patient Details

|                    |                                      |
|--------------------|--------------------------------------|
| Card Number        | 097115010368745202                   |
| DHA Member ID      | I013-036-121879087-01                |
| Mobile Number      | 568748804                            |
| Email              |                                      |
| Identification     | Emirates ID :                        |
| First Name         | SAFINA                               |
| Last Name          | AHMED                                |
| Date of Birth      | 21 May 1986                          |
| Gender             | Female                               |
| Start Date         | 18 Dec 2024                          |
| Expiry Date        | 14 Aug 2025                          |
| Member Network     | ML - Gold                            |
| Policy Holder      | BOSTON SCIENTIFIC MIDDLE EAST FZ-LLC |
| 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                         | I013-036-121879087-01              |
| HAAD/DHA Approval Number                           | DHA - 6068300000                   |
| Approvals Classification                           | Standard                           |
| Territory of Coverage                              | Worldwide Excluding USA            |
| Pre-Existing Conditions Waiting<br>Period (Months) | 0 Month(s)                         |
| Chronic Condition Waiting Period<br>(Months)       | 0 Month(s)                         |
| Outpatient Plan                                    | Covered                            |
| Physical Consultation Deductible                   | 0 AED                              |
| Physical Consultation Copayment                    | Copay 0% Max 0 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                                | Covered                       |
| Optical Copayment                           | 20%                           |
| Optical Access                              | Covered on direct billing     |
| Vaccination Plan                            | Covered                       |
| Vaccination Access                          | Covered on direct billing     |
| Vaccination Copayment                       | 0%                            |
| Out Mat Physician Consultation<br>Copayment | Copay 0% Max 0 AED applicable |
| 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%                            |
| Inpatient Copay Maximum Amount<br>per Claim | 0 AED                         |
| Psychiatric Access                          | Covered on direct billing     |
| Inpatient Psychiatric Copayment             | 20%                           |
| Outpatient Psychiatric Copayment            | 20%                           |

**Teleconsultation covered with nil ded/Co-pay**

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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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