

## Patient Details

Card Number	097115010370949102
DHA Member ID	I013-036-121417100-01
Mobile Number	522014691
Email	
Identification	Emirates ID :
First Name	VALERIYA
Last Name	PAVLOVICH
Date of Birth	31 Aug 2001
Gender	Female
Start Date	01 Jan 2025
Expiry Date	31 Dec 2025
Member Network	ML - Gold
Policy Holder	CITIBANK N.A. DUBAI
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	I013-036-121417100-01
HAAD/DHA Approval Number	DHA-0787020000

Approvals Classification	Standard
Territory of Coverage	Worldwide
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Outpatient Plan	Covered
Physicial Consultation Deductible	0 AED
Physicial 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	20%
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 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 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**

**Member is eligible for Smartdoc service and regular Ded/Co-pay applies.  
Please use CPT 99367 for billing this service.**

15/Feb/2025 13:35 PM

**DISCLAIMER:**

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