

Patient Details

Card Number	097115010273703901
DHA Member ID	I013-036-117834987-02
Mobile Number	568030477
Email	
Identification	Emirates ID :
First Name	LOTFI
Last Name	EL JAI
Date of Birth	22 Oct 1993
Gender	Male
Start Date	01 Oct 2024
Expiry Date	30 Sep 2025
Member Network	ML - Gold + Cleveland Clinic Abu Dhabi
Policy Holder	KPMG LOWER GULF LTD - DXB CAT B
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 + Cleveland Clinic Abu Dhabi
DHA Member Registration ID	I013-036-117834987-02
HAAD/DHA Approval Number	DHA-6106410002

Special Remark	NIL Copay on MRI, PET & CT scan
Approvals Classification	Standard
Territory of Coverage	Worldwide Excluding USA
Special Remark for Provider	Nil copay applies on MRI, PET & CT SCANS
Special Remark for Provider	NIL Copay on Outpatient Consultation & Services at Health hub Facilities
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 15% Max 100 AED applicable
Laboratory Services Copayment	15%
Radiology Services Copayment	15%
Outpatient Procedure Copayment	15%
Pharmaceutical Copayment	15%
Dental Coverage	Covered
Dental Access	Covered on direct billing
Dental Copayment	30%
Alternative Medicine	Covered
Alternative Medicine Access	Covered on direct billing
Alternative Medicine Copayment	0%
Optical Plan	Covered
Optical Copayment	30%
Optical Access	Covered on direct billing
Vaccination Plan	Covered

Vaccination Access	Covered on direct billing
Vaccination Copayment	20%
Out Mat Physician Consultation Copayment	Copay 100% Max 3507715 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	15%
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
Psychiatric Access	Covered on direct billing
Inpatient Psychiatric Copayment	0%
Outpatient Psychiatric Copayment	15%

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.**

19/Mar/2025 16:04 PM

DISCLAIMER:

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