

Patient Details

Card Number	097110040052164201
DHA Member ID	I008-036-114819598-05
Mobile Number	United Arab Emirates (+ 971) 558666710
Email	
Identification	Emirates ID :
First Name	GEORGE
Last Name	HANNA NAOUM
Date of Birth	11 Oct 1980
Gender	Male
Start Date	01 May 2024
Expiry Date	30 Apr 2025
Member Network	City
Policy Holder	AL FUTTAIM PRIVATE CO. LLC.
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Orient Insurance PJSC_Enhanced_4
Assist America Coverage	YES
Package Default Network	City
Approvals Classification	Standard
HAAD/DHA Approval Number	DHA-MN3593F

Territory of Coverage	UAE & South East Asia
Special Remark for Provider	At HealthHub Clinics : Consultation - 20% max up to AED 35 Rad, Lab - 5% PH - 5% PHYSIO - 5% At HealthHub Camp Clinics : Consultation ? Nil Ded, Copay for Rad, Lab - 5% PH - 5% PHYSIO - 5%.
Special Remark for Provider	No Copay will apply on Lab/Rad/pharmacy for treatment related to cancer. At Hospitals: 20% Max. up to AED 35 I Dental :20% CO:15% PH:15% PHYSIO:10% ALT:0% at Other providers: 20% Max. up to AED 35 I Dental :20% CO:10% PH:10% PHYSIO:10% ALT:0%
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Outpatient Plan	Covered
Physical Consultation Copayment	Copay 20% Max 35 AED applicable
Laboratory Services Copayment	10%
Radiology Services Copayment	10%
Outpatient Services Copayment	0%
Pharmaceutical Copayment	10%
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

Wellness Access	Not Covered0
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	Not Covered
Physiotherapy Services Copayment	10%
Inpatient Copay	0%
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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.**