

Patient Details

Card Number	097112840363299401
DHA Member ID	I013-036-118893782-01
Mobile Number	561750508
Email	
Identification	Emirates ID :
First Name	SHIHHSI
Last Name	CHIU
Date of Birth	14 Oct 2020
Gender	Male
Start Date	20 Nov 2024
Expiry Date	19 Nov 2025
Member Network	Silver Premium
Policy Holder	ASUS MIDDLE EAST FZCO CAT A
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	AMERICAN LIFE INSURANCE CO_Mid-Market_284
Assist America Coverage	NO
Package Default Network	Silver Premium
Approvals Classification	Standard
HAAD/DHA Approval Number	DHA- 6525800000

Territory of Coverage	Worldwide Excluding USA & Canada
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Outpatient Plan	Covered
Physician Consultation Copayment	20%
Physician Consultation Copay Maximum Amount	50 AED
Laboratory Services Copayment	0%
Radiology Services Copayment	0%
Outpatient Procedure Copayment	0%
Pharmaceutical Copayment	0%
Dental Coverage	Not Covered
Dental Access	Not Covered
Dental Copayment	100%
Alternative Medicine	Not Covered
Alternative Medicine Access	Not Covered
Alternative Medicine Copayment	100%
Optical Plan	Covered
Optical Copayment	20%
Optical Access	Covered on direct billing
Wellness Access	Reimbursement Only
Vaccination Plan	Covered
Vaccination Access	Covered on direct billing
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	Copay 100% Max 0 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%
DHA Member Registration ID	I013-036-118893782-01

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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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