

Patient Details

Card Number	097112820268933701
DHA Member ID	-
Mobile Number	504511434
Email	
Identification	Emirates ID :
First Name	AADVIK AVIRAAJ
Last Name	SUMIT PATHAK
Date of Birth	26 Feb 2018
Gender	Male
Start Date	11 Sep 2024
Expiry Date	10 Sep 2025
Member Network	Silver Premium
Policy Holder	MOHITA SHRIVASTAVA KAMAL KUMAR SHRIVASTAVA
Policy Issued From	Others / NE

Member Benefits

Payer's Name	Watania Takaful Family PJSC_MunichRe_282
Assist America Coverage	YES
Package Default Network	Silver Premium
Approvals Classification	Standard
HAAD/DHA Approval Number	NE

Territory of Coverage	Worldwide
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 Services Copayment	0%
Pharmaceutical Copayment	0%
Dental Coverage	Covered
Dental Access	Covered on direct billing
Dental Copayment	20%
Alternative Medicine	Covered
Alternative Medicine Access	Reimbursement Only
Alternative Medicine Copayment	0%
Optical Plan	Not Covered
Optical Copayment	100%
Optical Access	Not Covered
Wellness Access	Not Covered
Vaccination Plan	Covered
Vaccination Access	Reimbursement Only
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	-

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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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