

Patient Details

Card Number 097110520174922901

DHA Member ID 1008-036-113800940-03

Mobile Number United Arab Emirates (+ 971) 507958836

Email

Identification Emirates ID :

First Name ANIL

Last Name SHANKARLAL SHAHDADPURI

Date of Birth 16 Mar 1975

Gender Male

Start Date 09 Jan 2022

Expiry Date 08 Jan 2023

Member Network Silk Road

Policy Holder ANIL SHANKARLAL SHAHDADPURI

Member Benefits

Payer's Name Orient Insurance PJSC_Enhanced_Individual_52

Package Default Network Silk Road

Approvals Classification Standard

HAAD/DHA Approval Number DHA-FC-0003

Territory of Coverage Worldwide

Pre-Existing Conditions Waiting Period 0 Month(s)

Chronic Condition Waiting Period	0 Month(s)
Outpatient Plan	Covered
Physicial Consultation Copayment	20%
Physician Consultation Copay Maximum Amount	50 AED
Laboratory Services Copayment	10%
Radiology Services Copayment	10%
Outpatient Services Copayment	10%
Pharmaceutical Copayment	10%
Dental Coverage	Covered
Dental Access	02 Reimbursement & Free Access
Dental Copayment	20%
Alternative Medicine	Covered
Alternative Medicine Access	01 Reimbursement
Alternative Medicine Access Alternative Medicine Copayment	01 Reimbursement 0%
Alternative Medicine Copayment	0%
Alternative Medicine Copayment Optical Plan	0% Not Covered
Alternative Medicine Copayment Optical Plan Optical Copayment	0% Not Covered 0%
Alternative Medicine Copayment Optical Plan Optical Copayment Optical Access	0% Not Covered 0% 03 Not Covered
Alternative Medicine Copayment Optical Plan Optical Copayment Optical Access Wellness Access	0% Not Covered 0% 03 Not Covered 03 Not Covered0
Alternative Medicine Copayment Optical Plan Optical Copayment Optical Access Wellness Access Vaccination Access	0% Not Covered 0% 03 Not Covered 03 Not Covered0 02 Reimbursement & Free Access
Alternative Medicine Copayment Optical Plan Optical Copayment Optical Access Wellness Access Vaccination Access Vaccination Copayment	0% Not Covered 0% 03 Not Covered 03 Not Covered0 02 Reimbursement & Free Access 0%
Alternative Medicine Copayment Optical Plan Optical Copayment Optical Access Wellness Access Vaccination Access Vaccination Copayment Out Mat Physician Consultation Copayment	0% Not Covered 0% 03 Not Covered 03 Not Covered0 02 Reimbursement & Free Access 0% 10%
Alternative Medicine Copayment Optical Plan Optical Copayment Optical Access Wellness Access Vaccination Access Vaccination Copayment Out Mat Physician Consultation Copayment Out Mat Laboratory Copayment	0% Not Covered 0% 03 Not Covered 03 Not Covered0 02 Reimbursement & Free Access 0% 10%

Not Covered

Maternity IP Plan

Physiotherapy Services Copayment	10%
Inpatient Copay	0%
DHA Member Registration ID	1008-036-113800940-03

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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.

