

Patient Details

Card Number	097110660204195002
DHA Member ID	I005-036-113773444-01
Mobile Number	United Arab Emirates (+ 971)
Email	
Identification	Emirates ID :
First Name	VERONICA
Last Name	TEJERO FERNANDEZ-
Date of Birth	22 Oct 1976
Gender	Female
Start Date	24 Nov 2021
Expiry Date	23 Nov 2022
Member Network	Silver Premium
Policy Holder	ATARFIL MIDDLE EAST FZE

Member Benefits

Payer's Name	Dubai Insurance_MedNet_TPA_66
Package Default Network	Silver Premium
Approvals Classification	Standard
HAAD/DHA Approval Number	DC01334721
Territory of Coverage	UAE , GCC , Middle East, Indian Sub Continent & South East Asia
Pre-Existing Conditions Waiting Period	6 Month(s)

Chronic Condition Waiting Period	6 Month(s)
Outpatient Plan	Covered
Physicial Consultation Copayment	20%
Physician Consultation Copay Maximum Amount	25 AED
Laboratory Services Copayment	0%
Radiology Services Copayment	0%
Outpatient Services Copayment	0%
Pharmaceutical Copayment	0%
Dental Coverage	Covered
Dental Access	04 Free Access
Dental Copayment	0%
Alternative Medicine	Covered
Alternative Medicine Access	02 Reimbursement & Free Access
Alternative Medicine Copayment	20%
Optical Plan	Covered
Optical Copayment	0%
Optical Access	01 Reimbursement
Wellness Access	02 Reimbursement & Free Access
Vaccination Plan	Not Covered
Vaccination Access	03 Not Covered
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	10%
Out Mat Laboratory Copayment	10%
Out Mat Radiology Copayment	10%
Out Mat Pharmaceuticals Copayment	10%

Maternity IP Plan	Not Covered
Physiotherapy Services Copayment	0%
Inpatient Copay	0%
DHA Member Registration ID	I005-036-113773444-01

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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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