

Patient Details

Card Number 097112090199788102

DHA Member ID 1005-036-113716254-02

Mobile Number 505454772

Email

Identification Emirates ID :

First Name HEER KUNAL

Last Name SINGH

Date of Birth 06 Mar 2017

Gender Female

Start Date 25 Jul 2022

Expiry Date 24 Jul 2023

Member Network Silver Premium

Policy Holder KUNAL SINGH SANDHU

Member Benefits

Payer's Name Dubai Insurance_MaxHealth_Foyer Sante_MedNet_209

Package Default Network Silver Premium

Approvals Classification Standard

HAAD/DHA Approval Number MAXMED-22-SILVER

Territory of Coverage Worldwide Excluding USA & Canada

Pre-Existing Conditions Waiting Period 0 Month(s)

| Chronic Condition Waiting Period | 0 Month(s) |
|---|--------------------------------|
| Outpatient Plan | Covered |
| Physicial Consultation Deductible | 0 AED |
| Physicial 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 | 02 Reimbursement & Free Access |
| Dental Copayment | 20% |
| Alternative Medicine | Covered |
| Alternative Medicine Access | 02 Reimbursement & Free Access |
| Alternative Medicine Copayment | 20% |
| Optical Plan | Covered |
| Optical Copayment | 20% |
| Optical Access | 01 Reimbursement |
| Wellness Access | 03 Not Covered0 |
| Vaccination Plan | Covered |
| Vaccination Access | 02 Reimbursement & Free Access |
| Vaccination Copayment | 0% |
| Out Mat Physician Consultation Copayment | 0% |
| Out Mat Laboratory Copayment | 0% |
| Out Mat Padialagy Canayment | 00/ |

0%

Out Mat Radiology Copayment

| Out Mat Pharmaceuticals Copayment | 0% |
|--|-----------------------|
| Maternity IP Plan | Not Covered |
| Physiotherapy Services Copayment | 0% |
| Inpatient Copay | 0% |
| Inpatient Copay Maximum Amount per Claim | 0 AED |
| DHA Member Registration ID | 1005-036-113716254-02 |

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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.