

## Patient Details

Card Number	097113060401574002
DHA Member ID	I005-000-120959806-02
Mobile Number	00971585804075
Email	
Identification	Emirates ID :
First Name	SARAH
Last Name	ADAM JAMKA
Date of Birth	28 Feb 1991
Gender	Female
Start Date	25 Jun 2025
Expiry Date	24 Jun 2026
Member Network	Exclusive N2
Policy Holder	SARAH ADAM JAMKA
Policy Issued From	Dubai-DHA

## Member Benefits

Payer's Name	Dubai Insurance_PB_Religare_Dubaicare_306
Assist America Coverage	YES
Package Default Network	Exclusive N2
Approvals Classification	Standard
HAAD/DHA Approval Number	PB-DC N2 E - PLAN 10

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	10%
Radiology Services Copayment	10%
Outpatient Procedure Copayment	10%
Pharmaceutical Copayment	10%
Dental Coverage	Covered
Dental Access	Covered on direct billing
Dental Copayment	20%
Alternative Medicine Access	Reimbursemebent Only
Alternative Medicine Copayment	0%
Optical Plan	Not Covered
Optical Copayment	100%
Optical Access	Not Covered
Wellness Access	Not Covered0
Vaccination Plan	Covered
Vaccination Access	Covered on direct billing
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	Covered
Physiotherapy Services Copayment	20%
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
DHA Member Registration ID	I005-000-120959806-02

22/Jul/2025 10:45 AM

**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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