

Patient Details

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|--------------------|-----------------------|
| Card Number | 097113630344059602 |
| DHA Member ID | I005-000-120899993-01 |
| Mobile Number | 00971508348342 |
| Email | |
| Identification | Emirates ID : |
| First Name | TANAZ |
| Last Name | AYARIAN |
| Date of Birth | 21 Mar 1981 |
| Gender | Female |
| Start Date | 10 Jun 2024 |
| Expiry Date | 09 Jun 2025 |
| Member Network | N3 |
| Policy Holder | MOEINEDDIN NESHATIAN |
| Policy Issued From | Dubai-DHA |

Member Benefits

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|---|---|
| Payer's Name | Dubai Insurance_INSURANCE MARKET_Religare_Dubaicare_363 |
| Assist America Coverage | YES |
| Package Default Network | N3 |
| Approvals Classification | Standard |
| HAADI/DHA Approval Number | DIN I IM STD- 20%- N3 |
| Territory of Coverage | Worldwide Excluding USA & Canada |
| Pre-Existing Conditions Waiting Period (Months) | 6 Month(s) |
| Chronic Condition Waiting Period (Months) | 6 Month(s) |
| Outpatient Plan | Covered |
| Physical Consultation Deductible | 0 AED |
| Physical Consultation Copayment | Copay 20% Max 50 AED applicable |
| Laboratory Services Copayment | 20% |
| Radiology Services Copayment | 20% |
| Outpatient Procedure Copayment | 20% |
| Pharmaceutical Copayment | 20% |
| Dental Coverage | Covered |
| Dental Access | Covered on direct billing |
| Dental Copayment | 20% |
| Alternative Medicine | Covered |
| Alternative Medicine Access | Covered on direct billing |
| Alternative Medicine Copayment | 20% |
| Optical Plan | Not Covered |
| Optical Copayment | 100% |
| Optical Access | Not Covered |
| Wellness Access | Not Covered0 |
| Vaccination Plan | Not Covered |
| Vaccination Access | Covered on direct billing |
| Vaccination Copayment | 0% |
| Out Mat Physician Consultation Copayment | 10% |
| Out Mat Radiology Copayment | 10% |
| Out Mat Laboratory 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 | I005-000-120899993-01 |

CONFIDENTIAL

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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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