

Patient Details

Card Number	097113060371283901
DHA Member ID	I005-000-118290676-01
Mobile Number	00971585263021
Email	
Identification	Emirates ID :
First Name	SAMUEL
Last Name	RIBAS
Date of Birth	02 Mar 1992
Gender	Male
Start Date	30 Dec 2024
Expiry Date	29 Dec 2025
Member Network	N1
Policy Holder	SAMUEL RIBAS
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Dubai Insurance_PB_Religare_Dubaicare_306
Assist America Coverage	NO
Package Default Network	N1
Approvals Classification	Standard
HAAD/DHA Approval Number	PB-DC N1 - PLAN 0

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	Copay 20% Max 50 AED applicable
Laboratory Services Copayment	0%
Radiology Services Copayment	0%
Outpatient Procedure Copayment	0%
Pharmaceutical Copayment	0%
Dental Coverage	Covered
Dental Access	Covered on direct billing
Dental Copayment	20%
Alternative Medicine Access	Reimbursement Only
Alternative Medicine Copayment	0%
Optical Plan	Covered
Optical Copayment	100%
Optical Access	Not Covered
Wellness Access	Not Covered
Vaccination Plan	Covered
Vaccination Access	Covered on direct billing
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	Copay 100% Max 0 AED applicable
Out Mat Laboratory Copayment	100%
Out Mat Radiology Copayment	100%
Out Mat Pharmaceuticals Copayment	100%

Maternity IP Plan	Not Covered
Physiotherapy Services Copayment	20%
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
DHA Member Registration ID	I005-000-118290676-01

21/Feb/2025 17:54 PM

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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