

## Patient Details

Card Number	097115010378847001
DHA Member ID	I013-036-116276415-02
Mobile Number	504134403
Email	
Identification	Emirates ID :
First Name	AHMED NABIL ISMAIL
Last Name	MANSOUR
Date of Birth	12 Nov 1984
Gender	Male
Start Date	15 Feb 2025
Expiry Date	14 Feb 2026
Member Network	ML - Gold + Cleveland Clinic AUH + Moorfield Eye Hospital
Policy Holder	AL GHURAIR GROUP LLC - CAT 4
Policy Issued From	Dubai-DHA

## Member Benefits

Payer's Name	AMERICAN LIFE INSURANCE CO_TPA_501
Assist America Coverage	NO
Package Default Network	ML - Gold + Cleveland Clinic AUH + Moorfield Eye Hospital
DHA Member Registration ID	I013-036-116276415-02
HAAD/DHA Approval Number	DHA-6267000003

Special Remark	20% up to AED 100 for consultation in hospitals - 10% @ Cleveland Clinic AUH & Moorfield Eye Hospital on consultation only
Approvals Classification	Standard
Territory of Coverage	Worldwide excluding USA
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Outpatient Plan	Covered
Physical Consultation Deductible	0 AED
Physical Consultation Copayment	20%
Physician Consultation Copay Maximum Amount	50 AED
Laboratory Services Copayment	0%
Radiology Services Copayment	0%
Outpatient Procedure Copayment	0%
Pharmaceutical Copayment	0%
Dental Coverage	Covered
Dental Access	Reimbursement & Free Access
Dental Copayment	15%
Alternative Medicine	Covered
Alternative Medicine Access	Reimbursement & Free Access
Alternative Medicine Copayment	0%
Optical Plan	Not Covered
Optical Copayment	100%
Optical Access	Not Covered
Vaccination Plan	Covered

Vaccination Access	Reimbursement & Free Access
Vaccination Copayment	10%
Out Mat Physician Consultation Copayment	100%
Out Mat Physician Consultation Copayment Maximum Amount	0 AED
Out Mat Laboratory Copayment	100%
Out Mat Radiology Copayment	100%
Out Mat Pharmaceuticals Copayment	100%
Maternity IP Plan	Not Covered
Physiotherapy Services Copayment	0%
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
Psychiatric Access	Reimbursement & Free Access
Inpatient Psychiatric Copayment	20%
Outpatient Psychiatric Copayment	20%

**Teleconsultation covered with nil ded/Co-pay**

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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.