

Patient Details

Card Number	097113630365984602
DHA Member ID	I005-000-121792958-01
Mobile Number	551190443
Email	
Identification	Emirates ID :
First Name	INAYA
Last Name	ZERRAD
Date of Birth	13 Apr 2012
Gender	Female
Start Date	09 Dec 2024
Expiry Date	08 Dec 2025
Member Network	Exclusive N2
Policy Holder	NICOLAS WILLEMYNS
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Dubai Insurance_INSURANCE MARKET_Religare_Dubaicare_363
Assist America Coverage	YES
Package Default Network	Exclusive N2
Approvals Classification	Standard
HAAD/DHA Approval Number	DIN I BRK STD- 20%- N2 EXCLUSIVE

Territory of Coverage	Worldwide Excluding USA & Canada
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Outpatient Plan	Covered
Physician Consultation Deductible	0 AED
Physician Consultation Copayment	20%
Physician Consultation Copay Maximum Amount	50 AED
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	Not Covered
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	Copay 100% Max 0 AED applicable

Out Mat Radiology Copayment	100%
Out Mat Laboratory 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	I005-000-121792958-01

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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.