

Patient Details

Card Number	097112090268368702
DHA Member ID	I005-036-119801359-01
Mobile Number	585081121
Email	
Identification	Emirates ID :
First Name	Georgia
Last Name	Woollard
Date of Birth	12 Mar 1998
Gender	Female
Start Date	01 Sep 2024
Expiry Date	31 Aug 2025
Member Network	Silver Premium
Policy Holder	CYBERDRONE - FZE
Policy Issued From	Dubai-DHA

Member Benefits

Payer's Name	Dubai Insurance_MaxHealth_Foyer Sante_MedNet_209
Assist America Coverage	YES
Package Default Network	Silver Premium
Approvals Classification	Standard
HAAD/DHA Approval Number	MAXMED-22-GOLD
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
Physician Consultation Copayment	Copay 20% Max 50 AED applicable
Laboratory Services Copayment	0%
Radiology Services Copayment	0%
Outpatient Services Copayment	0%
Pharmaceutical Copayment	0%
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	Covered
Optical Copayment	20%
Optical Access	Covered on direct billing
Wellness Access	Not Covered0
Vaccination Plan	Covered
Vaccination Access	Covered on direct billing
Vaccination Copayment	0%
Out Mat Physician Consultation Copayment	0%
Out Mat Laboratory Copayment	0%
Out Mat Radiology Copayment	0%
Out Mat Pharmaceuticals Copayment	0%
Maternity IP Plan	Not Covered
Physiotherapy Services Copayment	0%
Inpatient Copay	0%
Inpatient Copay Maximum Amount per Claim	0 AED
DHA Member Registration ID	I005-036-119801359-01

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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.

19/Feb/2025 10:09 AM