

## Patient Details

Card Number	097112840370176601
DHA Member ID	I013-036-113652253-01
Mobile Number	504511791
Email	
Identification	Emirates ID :
First Name	JAI DEV
Last Name	NAGWANI
Date of Birth	05 Feb 1959
Gender	Male
Start Date	01 Jan 2025
Expiry Date	31 Dec 2025
Member Network	Green
Policy Holder	DATA CAPTURE SYSTEMS CO LLC-B
Policy Issued From	Dubai-DHA

## Member Benefits

Payer's Name	AMERICAN LIFE INSURANCE CO_Mid-Market_284
Assist America Coverage	NO
Package Default Network	Green
Approvals Classification	Standard
HAAD/DHA Approval Number	DHA- 6528300001

Territory of Coverage	Worldwide
Pre-Existing Conditions Waiting Period (Months)	0 Month(s)
Chronic Condition Waiting Period (Months)	0 Month(s)
Outpatient Plan	Covered
Physicial Consultation Copayment	Copay 20% Max 50 AED applicable
Laboratory Services Copayment	10%
Radiology Services Copayment	10%
Outpatient Procedure Copayment	10%
Pharmaceutical Copayment	10%
Dental Coverage	Covered
Dental Access	Covered on direct billing
Dental Copayment	30%
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	Reimbursement Only
Vaccination Plan	Covered
Vaccination Access	Reimbursement Only
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	10%
Inpatient Copay	0%
DHA Member Registration ID	I013-036-113652253-01

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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.

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