

## Patient Details

|                    |                       |
|--------------------|-----------------------|
| Card Number        | 097111760366320902    |
| DHA Member ID      | I014-036-121773440-01 |
| Mobile Number      | 555279079             |
| Email              |                       |
| Identification     | Emirates ID :         |
| First Name         | PAIGE                 |
| Last Name          | ROBYN PESTANA         |
| Date of Birth      | 07 Nov 1994           |
| Gender             | Female                |
| Start Date         | 12 Dec 2024           |
| Expiry Date        | 11 Dec 2025           |
| Member Network     | Silk Road             |
| Policy Holder      | PAIGE ROBYN PESTANA   |
| Policy Issued From | Dubai-DHA             |

## Member Benefits

|                                 |   |
|---------------------------------|---|
| Payer's Name                    | Ras Al Khaimah National Insurance Company_176 |
| Assist America Coverage         | YES   |
| Package Default Network         | Silk Road                                     |
| Approvals Classification        | Standard                                      |
| HAAD/DHA Approval Number        | FMN00066                                      |
| Territory of Coverage           | Worldwide                                     |
| Outpatient Plan                 | Covered                                       |
| Physical Consultation Copayment | Copay 20% Max 50 AED applicable               |
| Laboratory Services Copayment   | 10%   |
| Radiology Services Copayment    | 10%   |
| Pharmaceutical Copayment        | 10%   |
| Dental Coverage                 | Covered                                       |
| Dental Access                   | Covered on direct billing                     |
| Dental Copayment                | 20%   |
| Alternative Medicine            | Covered                                       |
| Alternative Medicine Access     | Reimbursable Only                             |
| Alternative Medicine Copayment  | 0%  |
| Optical Plan                    | Not Covered                                   |

|  |                       |
|--|-----------------------|
| Optical Copayment                        | 0%                    |
| Optical Access                           | Not Covered           |
| Wellness Access                          | Not Covered           |
| Vaccination Plan                         | Covered               |
| Vaccination Access                       | Reimbursemebent Only  |
| Vaccination Copayment                    | 0%                    |
| Out Mat Physician Consultation Copayment | 10%                   |
| Out Mat Laboratory Copayment             | 10%                   |
| Out Mat Radiology Copayment              | 10%                   |
| Out Mat Pharmaceuticals Copayment        | 10%                   |
| Maternity IP Plan                        | Not Covered           |
| Physiotherapy Services Copayment         | 10%                   |
| Inpatient Copay                          | 0%                    |
| DHA Member Registration ID               | I014-036-121773440-01 |

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**DISCLAIMER:**

**ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RETROSPECTIVE MEDICAL EVALUATION UPON CLAIM SUBMISSION.**

**CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.**

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