

ID Details

Request Type

☒ Out Patient    ☐ In patient

Patient ID Type

☒ UB No    ☐ Emirates ID    ☐ Application ID    ☐ RA No

I017-029-116122287-02

Search

Clear

Member Details

|                     |                       |              |                   |
|---------------------|-----------------------|--------------|-------------------|
| Name                | NYOMAN SUMERINI       | Group Name   | IFA HI TRUNK FZE- |
| UB No               | I017-029-116122287-02 | DOB          | 13-Sep-1972       |
| EID                 | 784-1972-5937921-8    | Gender       | FEMALE            |
| AppIn No            | I017-029-116122287-02 | Category     | Normal            |
| Policy Jurisdiction | DHA                   | Benefit type | Non EBP           |
| Join Date           | 01-Oct-2022           | Leave Date   | 30-Sep-2023       |
| PEC Status          | NIL WAITING PERIOD    |              |                   |

Policy Details

|           |                                      |                  |                                                       |
|-----------|--------------------------------------|------------------|-------------------------------------------------------|
| Payer     | ABU DHABI NATIONAL INSURANCE COMPANY | TPA              | E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC |
| Period    | 01-Oct-2022 to 30-Sep-2023           | Network          | Green                                                 |
| Policy no | 200018                               | Direct SP Access | SP Direct Access                                      |

|        |                 |               |        |                  |     |           |        |
|--------|-----------------|---------------|--------|------------------|-----|-----------|--------|
| Co-Ins | CONSULTATION    | LAB/RADIOLOGY | PHYSIO | PHARMACY         | IP  | MATERNITY | DENTAL |
|        | 10% upto AED 25 | NIL           | NIL    | NIL LIMIT 150000 | NIL | 10%       | NA     |

Remarks 20% Copay on all OP Services @ E Care Green(Direct SP Access) Network Hospitals - Aster Hospitals & Clinical Copay @ Aster Arjan Centre  
PEC: NIL WAITING PERIOD  
Area of cover:Emirates of Dubai

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor

Phone No

971-54-4997625

Specialization

Please Enter Phone Number in Format 971-5X-XXXXXXX

Add Service

Q

Add

| Service | Quantity | Rate | Co-Ins | Net Req Amount | Action                     |
|---------|----------|------|--------|----------------|----------------------------|
|         |          |      |        |                | Total <input type="text"/> |

Add Diagnosis

Q

Type

select

Add

| Diagnosis | Code | Type | Action |
|-----------|------|------|--------|
|-----------|------|------|--------|

Add Documents

📎 Attach document(s)

| SI | File caption |
|----|--------------|
|----|--------------|

Provider remarks

Generate Claim Form