ID Details

Request Type

(●) Out Patient ( ) In patient

Patient ID Type

(●) UB No ( ) Emirates ID ( ) Application ID ( ) RA No

I005-029-116406793-02

Search Clear

Member Details

Name	**EMMA HADDAD EMMA HADDAD**	**Group Name**	KOSMONTE FOODS LLC-
UB No	I005-029-116406793-02	**DOB**	31-Mar-2016
EID	784-2016-5752083-5	**Gender**	FEMALE
Appln No	2236239	**Category**	Normal
Policy Jurisdiction	DHA	**Benefit type**	Non EBP
Join Date	09-Aug-2022	**Leave Date**	08-Aug-2023
PEC Status	NIL WAITING PERIOD		

Policy Details

Payer	Dubai Insurance Company P.S.C	**TPA**	E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Period	**09-Aug-2022 to 08-Aug-2023**	**Network**	**Ecare Classic**
Policy no	354860	**Direct SP Access**	SP Direct Access

Co-Ins

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% max 25	NIL	NIL	NIL LIMIT 5000	NIL	NA	NA

Remarks

20% Copay on all OP Services @ECare Classic Network Hospitals -Aster Hospitals &Cedars|Belhoul SPH |AL Saha Wa Al Shifaa Hsp |Central Pvt Hsp |Sharjah Corniche |Amina Hsp | AL Oraibi Hsp |Al Zharawi Hsp |Al Sharq Hsp |Armada One Day Surgical Centre |Aster Day Surgery Centre | Iranian Hospital |Aster Hospital Sonapur |IMH |HEALTHHUB
BR.ALFUTTAIM DAY SURGICAL CENTER -FESTIVAL CITY|Hatta hospital
PEC: NIL WAITING PERIOD
Area of cover:UAE(Including the Emirate of Abu Dhabi & Al Ain Region)

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor

Phone No

971-50-6855790

Specialization

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

Add Service

Add

Service	Quantity	Rate	Co-Ins	Net Req Amount	Action

Total

Add Diagnosis

Type

select

Add

Diagnosis	Code	Type	Action

Add Documents

Attach document(s)

Sl	File caption

Provider remarks

Generate Claim Form

Provider : (Peshawar Medical Centre-Al Barsha)