ID Details

Request Type

(●) Out Patient ( ) In patient

Patient ID Type

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

I017-029-118947924-01

Search Clear

Member Details

Name	**MOHAMMED INDISHAM SALAHUDEEN**	**Group Name**	IFA HI TRUNK FZE-
UB No	I017-029-118947924-01	**DOB**	05-Jan-2001
EID	111-1111-1111111-1	**Gender**	MALE
Appln No	I017-029-118947924-01	**Category**	Normal
Policy Jurisdiction	DHA	**Benefit type**	Non EBP
Join Date	09-Jan-2023	**Leave Date**	30-Sep-2023
PEC Status	6 MONTHS 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	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% upto AED 25	NIL	NIL	NIL	NIL LIMIT 150000	NIL	NA	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

971-50-1234567

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)