

ID Details

Request Type

☒ Out Patient ☐ In patient

Patient ID Type

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

I017-029-116868480-02

Member Details

Name	MICHELLE ESPINOSA CLAVERIA	Group Name	TH8 A HOUSE OF ORIGINALS HOTEL - FZE .
UB No	I017-029-116868480-02	DOB	19-Oct-1977
EID	784-1977-0861973-5	Gender	FEMALE
AppIn No	I017-029-116868480-02	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	200020	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	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

971-50-1811753

Specialization

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

Add Service

Q

Add

Service	Quantity	Rate	Co-Ins	Net Req Amount	Action
					Total

Add Diagnosis

Q

Type

select

Add

Diagnosis	Code	Type	Action
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Add Documents

📎 Attach document(s)

SI	File caption
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Provider remarks

Generate Claim Form