ID Details

Request Type

(●) Out Patient ( ) In patient

Patient ID Type

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

I017-029-117640203-02 Search Clear

Member Details

Name	**AMAL KASUN WIDURANGA PARANAGAMAGE DON**	**Group Name**	TH8 A HOUSE OF ORIGINALS HOTEL - FZE .
UB No	I017-029-117640203-02	**DOB**	10-Jan-1991
EID	784-1991-5729205-5	**Gender**	MALE
Appln No	I017-029-117640203-02	**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	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

Specialization

971-54-4997625

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)