

 [ID Details](#)

Request Type

☒ Out Patient ☐ In patient

Patient ID Type

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

784-1980-1419285-4

 Search

Clear

 [Member Details](#)

Name **JOHN VIANNIE KAJJOBA**

UB No I017-029-114165333-02

EID 784-1980-1419285-4

Appln No I017-029-114165333-02

**Policy
Jurisdiction** DHA

Join Date 01-Oct-2022

PEC Status NIL WAITING PERIOD

Group Name IFA HI TRUNK FZE-

DOB 30-Jul-1980

Gender MALE

Category Normal

Benefit type Non EBP

Leave Date 30-Sep-2023

 [Policy Details](#)

Payer ABU DHABI NATIONAL INSURANCE COMPANY

Period **01-Oct-2022 to 30-Sep-2023**

Policy no 200018

TPA E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Network **Green**

**Direct SP
Access** SP Direct Access

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
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10% upto AED 25	NIL	NIL	NIL	NIL LIMIT 150000	NIL	NA	NA
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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

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