

ID Details

Request Type

Out Patient In patient

Patient ID Type

UB No Emirates ID Application ID RA No

784-1987-0358215-9

SearchClear

Member Details

Name	POOSAIPANDI MANICKAM	Group Name	MOVENPI
UB No	I017-029-118864537-01	DOB	07-May-
EID	784-1987-0358215-9	Gender	MALE
AppIn No	I017-029-118864537-01	Category	Normal
Policy Jurisdiction	DHA	Benefit type	Non EBP
Join Date	01-Oct-2023	Leave Date	30-Sep-
PEC Status	NIL WAITING PERIOD		

Policy Details

Payer	ABU DHABI NATIONAL INSURANCE COMPANY	TPA	E CARE IN
Period	01-Oct-2023 to 30-Sep-2024	Network	Green
Policy no	200026-1	Direct SP Access	SP Direct

Co-Ins	CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP
	10% upto AED 25	NIL	NIL	NIL	NIL Max 150000	NIL

Remarks20% Copay on all OP Services @ E Care Green (Direct SP Access) Network Hospitals - Aster Hospitals & Aster Arjan Centre
Area of cover: Emirates of Dubai(Extended to other emirates of UAE)

Active PA Details

Active Referral Details

Claim details

Benefit Group

Select Doctor

Phone No

971-12-3456789

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

select

Add

Diagnosis	Code	Type	Action
-----------	------	------	--------

Add Documents

Attach document(s)

SI	File caption
----	--------------

Provider remarks

Generate Claim Form

