

ID Details

Request Type

Out Patient In patient

Patient ID Type

UB No Emirates ID Application ID RA No

784-1992-4079483-6

Search

Clear

Member Details

Name	RINSAD ALIYAR	Group Name	TH8 A HOUSE OF ORIGINALS HOTEL - FZE--
UB No	I017-029-117161088-02	DOB	06-Sep-1992
EID	784-1992-4079483-6	Gender	MALE
Appln No	I017-029-117161088-02	Category	Normal
Policy Jurisdiction	DHA	Benefit type	Non EBP
Join Date	01-Oct-2023	Leave Date	30-Sep-2024
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-2023 to 30-Sep-2024	Network	Green
Policy no	200020-1	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 & Aster Arjan Centre
Area of cover: Emirates of Dubai(Extended to other emirates of UAE)

Active PA Details

Active Referral Details

Claim details

Benifit 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

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

