ID Details

Request Type

(•) Out Patient ( ) In patient

Member Details

Name	**INDIKA PRASAD RANASINGHA P WEDARALLAGE**	**Group Name**	IFA HI TRUNK FZE--
UB No	I017-029-116122251-02	**DOB**	30-Mar-1982
EID	784-1982-3043518-6	**Gender**	MALE
Appln No	I017-029-116122251-02	**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	200018-1	**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

Type

select

Add

Diagnosis	Code	Type	Action

Add Documents

Attach document(s)

Sl	File caption

Provider remarks

Generate Claim Form