## ID Details

**Request Type**

(•) Out Patient ( ) In patient

**Patient ID Type**

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

I017-029-119448915-01 | Search | Clear

## Member Details

| | | | |
|---|---|---|---|
| **Name** | **AUDREY KATSANDE** | **Group Name** | IFA HI TRUNK FZE-- |
| **UB No** | I017-029-119448915-01 | **DOB** | 21-Mar-1999 |
| **EID** | 784-1999-4158082-3 | **Gender** | FEMALE |
| **Appln No** | I017-029-119448915-01 | **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 | 10% | 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**

971-54-5690955

Please Enter Phone Number in Format 971-5X-XXXXXXX

**Specialization**

**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