ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

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

I017-029-120076126-01

Search Clear

Member Details

Name

HLAING MIN

Group Name

IFA HI TRUNK FZE--

UB No

I017-029-120076126-01

DOB

30-Dec-1998

EID

111-1111-1111111-1

Gender

MALE

Appln No

I017-029-120076126-01

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

13-Nov-2023

Leave Date

30-Sep-2024

PEC Status

6 Month waiting Period

Flag Remarks

Member Flag

None

Salary Range

Salary less than 4,000 AED per month

Visa Authority

Dubai

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

Yes

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