

 ID Details

Request Type

☒ Out Patient ☐ In patient

Patient ID Type

☐ UB No ☒ Emirates ID ☐ Application ID ☐ RA No

784-1984-6030474-8

 Search

Clear

 Member Details

Name

AMILA SANJEEWA ARANGALA

Group Name

IFA HI TRUNK FZE--

UB No

I017-029-118013017-02

DOB

04-Nov-1984

EID

784-1984-6030474-8

Gender

MALE

Appln No

I017-029-118013017-02

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

01-Oct-2023

Leave Date

30-Sep-2024

PEC Status

NIL WAITING PERIOD

Flag Remarks

Member Flag

none

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)

SI	File caption
Provider remarks	
Generate Claim Form	