

 ID Details

Request Type

☒ Out Patient ☐ In patient

Patient ID Type

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

784-1961-2738687-6

 Search

Clear

 Member Details

Name

DAVEED FRANCIS THEKKEVILATHARAYIL

Group Name

IFA HI TRUNK FZE--

UB No

I017-029-116524270-02

DOB

01-Jun-1961

EID

784-1961-2738687-6

Gender

MALE

Appln No

I017-029-116524270-02

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
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Add Documents

Attach document(s)

SI	File caption
Provider remarks	
Generate Claim Form	