

 ID Details

Request Type

☒ Out Patient    ☐ In patient

Patient ID Type

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

I017-029-117174621-02

 Search

Clear

 Member Details

Name

RUBIN MAHARJAN

Group Name

TH8 A HOUSE OF ORIGINALS HOTEL - FZE--

UB No

I017-029-117174621-02

DOB

26-Jun-1998

EID

784-1998-7624306-6

Gender

MALE

Appln No

I017-029-117174621-02

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

200020-1

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

971-58-8812699

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 |
|--------------------------------|--------------|
| <b>Provider remarks</b>        |              |
| <div></div>                    |              |
| <div>Generate Claim Form</div> |              |