

 ID Details

Request Type

☒ Out Patient      ☐ In patient

Patient ID Type

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

 Search

Clear

 Member Details

Name

Charlene Ramsamy

Group Name

SILVER FOX CONTRACTING

UB No

I022-029-118918862-01

DOB

30-Jul-1980

EID

784-1980-2132733-7

Gender

FEMALE

Appln No

I022-029-118918862-01

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

16-Oct-2023

Leave Date

15-Oct-2024

PEC Status

NIL WAITING PERIOD

Flag Remarks

Member Flag

NONE

Visa Authority

Dubai

 Policy Details

Payer

TAKAFUL EMARAT - INSURANCE

TPA

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Period

16-Oct-2023 to 15-Oct-2024

Network

Blue

Policy no

01-111-01-23-044952

Direct SP Access

No

Co-Ins

| CONSULTATION | OUTPATIENT | LAB/RADIOLOGY | PHYSIO | PHARMACY       | IP  | MATERNITY | DENTAL |
|--------------|------------|---------------|--------|----------------|-----|-----------|--------|
| 20% max 25   | NIL        | NIL           | NIL    | NIL LIMIT 7500 | NIL | 10%       | NA     |

Remarks

Area of cover: UAE (Including the Emirate of Abu Dhabi & Al Ain Region).



Active PA Details



Active Referral Details



Claim details

Benifit Group

Select Doctor

Q

Phone No

971-05-57230485

Specialization

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

Add Service

Q

Add

| Service | Quantity | Rate | Co-Ins | Net Req Amount | Action |
|---------|----------|------|--------|----------------|--------|
|         |          |      |        |                | Total  |

Add Diagnosis

Q

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> |              |