

 ID Details

Request Type

☒ Out Patient    ☐ In patient

Patient ID Type

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

784-1990-2174602-1

 Search

Clear

 Member Details

Name

SIDRA ZULFIQAR

Group Name

IFA HI TRUNK FZE--

UB No

I017-029-117554032-02

DOB

08-Oct-1990

EID

784-1990-2174602-1

Gender

FEMALE

Appln No

I017-029-117554032-02

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

10%

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