## ID Details

**Request Type**

(•) Out Patient ( ) In patient

**Patient ID Type**

( ) UB No (•) Emirates ID ( ) Application ID ( ) RA No

784-1987-9603691-5

Search Clear

## Member Details

**Name**

**SONAM MANISHKUMAR VAZA**

**Group Name**

MANISHKUMAR KARABHAI VAZA

**UB No**

I022-029-120724591-01

**DOB**

28-Nov-1987

**EID**

784-1987-9603691-5

**Gender**

FEMALE

**Appln No**

784-1987-9603691-5

**Category**

Normal

**Policy Jurisdiction**

DHA

**Benefit type**

Non EBP

**Join Date**

29-Apr-2024

**Leave Date**

28-Apr-2025

**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**

**29-Apr-2024 to 28-Apr-2025**

**Network**

**Blue**

**Policy no**

01-115-01-24-5796425634

**Direct SP Access**

No

**Co-Ins**

| CONSULTATION | OUTPATIENT | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP | MATERNITY | DENTAL |
|---|---|---|---|---|---|---|---|
| 20% max 25 | 10% | 10% | 20% | 10% LIMIT 5000 | NIL | 10% | NA |

**Remarks**

Area of cover: UAE.
Only declared pre existing condition will be covered.

Active PA Details

Active Referral Details

## Claim details

**Benifit Group**

**Select Doctor**

**Phone No**

971-55-1234567

**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)

| Sl | File caption |
| --- | --- |

**Provider remarks**

Generate Claim Form