

 ID Details

Request Type

☒ Out Patient    ☐ In patient

Patient ID Type

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

784-1986-5285495-5

 Search

Clear

 Member Details

Name

RUWAN THARAKA

Group Name

MOVENPICK HOTEL JUMEIRAH LAKES TOWERS--

UB No

I017-029-119665470-01

DOB

23-Oct-1986

EID

784-1986-5285495-5

Gender

MALE

Appln No

I017-029-119665470-01

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

200026-1

Direct SP Access

Yes

Co-Ins

| CONSULTATION    | OUTPATIENT | LAB/RADIOLOGY | PHYSIO | PHARMACY       | IP  | MATERNITY | DENTAL |
|-----------------|------------|---------------|--------|----------------|-----|-----------|--------|
| 10% upto AED 25 | NIL        | NIL           | NIL    | NIL Max 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

Q

Phone No

971-12-3456789

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 Medicine

Q

Add

| sl | Medicine | Billed Rate | Quantity | Bill Amount | Co Ins % | Co Ins Amt | Net Req Amount | Medicine Details | Action |
|----|----------|-------------|----------|-------------|----------|------------|----------------|------------------|--------|
|----|----------|-------------|----------|-------------|----------|------------|----------------|------------------|--------|

Total

Add Diagnosis

Q

Type

select

Add

| Diagnosis | Code | Type | Action |
|-----------|------|------|--------|
|-----------|------|------|--------|

Add Documents

 Attach document(s)

| SI | File caption |
|----|--------------|
|----|--------------|

Provider remarks

Generate Claim Form