

 ID Details

Request Type

☒ Out Patient    ☐ In patient

Patient ID Type

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

I017-029-118774237-01

 Search

Clear

 Member Details

Name

ANTON SITHUM CHATHURANGA JAYAMAHA

Group Name

IFA HI TRUNK FZE--

UB No

I017-029-118774237-01

DOB

27-Jun-2000

EID

784-2000-5120510-0

Gender

MALE

Appln No

I017-029-118774237-01

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

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 | 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

971-50-3956961

Specialization

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

Add Service



Add

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

Total

Add Medicine



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