## ID Details

**Request Type**

(•) Out Patient ( ) In patient

**Patient ID Type**

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

784-1983-5949753-8

Search Clear

## Member Details

**Name**

**HASSAN SHAHID**

**Group Name**

AEON & TRISL REAL ESTATE BROKER L.L.C.-

**UB No**

I011-029-120623404-01

**DOB**

29-Oct-1983

**EID**

784-1983-5949753-8

**Gender**

MALE

**Appln No**

EC-42534

**Category**

Normal

**Policy Jurisdiction**

DHA

**Benefit type**

Non EBP

**Join Date**

26-Mar-2024

**Leave Date**

09-Feb-2025

**PEC Status**

6 Month waiting Period

**Flag Remarks**

**Member Flag**

None

**Visa Authority**

Dubai

Policy Details

**Payer**

Al Sagr National Insurance Company

**TPA**

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

**Period**

**10-Feb-2024 to 09-Feb-2025**

**Network**

**Blue**

**Policy no**

AD595024001535

**Direct SP Access**

No

**Co-Ins**

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

**Remarks**

Area of coverage :UAE (Excluding the Emirate of Abu Dhabi & Al Ain Region).
20% Copay on all OP Services @ E Care Blue Network Hospitals - Aster Hospitals & Cedars |Belhoul Speciality hospital | AL Saha Wa Al Shifaa Hsp | Central Pvt Hsp |Sharjah corniche | Amina Hsp | AL Oraibi Hsp | Al Zharawi Hsp & Al Sharq Hsp |Hatta Hospital

Active PA Details

Active Referral Details

## Claim details

**Benifit Group**

**Select Doctor**

**Phone No**

971-05-1234567

**Specialization**

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

**Add Service**

Add

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

**Total**

**Add Medicine**

Add

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

**Total**

**Add Diagnosis**

**Type**

select

Add

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

**Add Documents**

Attach document(s)

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

**Provider remarks**

Generate Claim Form

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Provider : (CITICARE MEDICAL CENTER LLC (FORMERLY PESHAWAR MEDICAL CENTRE-AL BARSHA))