

 ID Details

Request Type

☒ Out Patient      ☐ In patient

Patient ID Type

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

 Search

Clear

 Member Details

Name

FLOR LURIZ

Group Name

STANTON CHASE INTERNATIONAL FZ-LLC-604697

UB No

I017-029-120021034-01

DOB

10-Aug-1975

EID

784-1975-1030435-1

Gender

FEMALE

Appln No

I017-029-120021034-01

Category

Normal

Policy Jurisdiction

DHA

Benefit type

EBP

Join Date

31-Oct-2023

Leave Date

30-Oct-2024

PEC Status

6 Month 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

31-Oct-2023 to 30-Oct-2024

Network

Blue

Policy no

604697

Direct SP Access

No

Co-Ins

| CONSULTATION | OUTPATIENT | LAB/RADIOLOGY | PHYSIO | PHARMACY     | IP          | MATERNITY | DENTAL |
|--------------|------------|---------------|--------|--------------|-------------|-----------|--------|
| 20%          | 20%        | 20%           | 20%    | 30% Max 1500 | 20% CAP 500 | NA        | NA     |

Remarks

Area of cover: Emirates of Dubai and northern Emirates, Emergency Extension to 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 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)

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

Provider remarks

Generate Claim Form