

 ID Details

Request Type

☒ Out Patient ☐ In patient

Patient ID Type

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

784-1993-1682852-6

 Search

Clear

 Member Details

Name

KAOUTAR BENCHELHA

Group Name

IFA HI TRUNK FZE--

UB No

I017-029-116461315-02

DOB

13-Jul-1993

EID

784-1993-1682852-6

Gender

FEMALE

Appln No

I017-029-116461315-02

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

971-56-6960387

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