

 ID Details

Request Type

☒ Out Patient    ☐ In patient

Patient ID Type

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

784-1992-3163800-0

 Search

Clear

 Member Details

Name

TENNEH CONTEH

Group Name

FRONTLINE GENERAL SECURITY GUARD SERVICES L.L.C

UB No

I005-029-118940677-01

DOB

03-Dec-1992

EID

784-1992-3163800-0

Gender

FEMALE

Appln No

3434392

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

13-May-2024

Leave Date

12-May-2025

PEC Status

6 Month waiting Period

Flag Remarks

Member Flag

NONE

Visa Authority

Dubai

 Policy Details

Payer

Dubai Insurance Company P.S.C

TPA

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Period

13-May-2024 to 12-May-2025

Network

Blue

Policy no

460643

Direct SP Access

No

Co-Ins

| CONSULTATION   | OUTPATIENT | LAB/RADIOLOGY | PHYSIO | PHARMACY     | IP  | MATERNITY | DENTAL |
|----------------|------------|---------------|--------|--------------|-----|-----------|--------|
| 20% Max AED 25 | NIL        | NIL           | NIL    | NIL Max 5000 | NIL | NA        | NA     |

Remarks

Area of cover: UAE;Home Country



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