ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

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

I035-029-120647414-01

Search Clear

Member Details

Name

CHARLOTTE SAMANTHA SALLEYMAN M DE AGUIAR

Group Name

PROWIN PROPERTIES L.L.C

UB No

I035-029-120647414-01

DOB

30-Jan-2000

EID

784-2000-5965908-4

Gender

FEMALE

Appln No

784-2000-5965908-4

Category

Normal

Policy Jurisdiction

DHA

Benefit type

EBP

Join Date

19-Sep-2024

Leave Date

18-Sep-2025

PEC Status

6 Month waiting Period

Member Flag

NONE

Maternity Status

NIL WAITING PERIOD

Flag Remarks

Visa Authority

Dubai

Policy Details

Payer

SALAMA – Islamic Arab Insurance Company

TPA

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Period

19-Sep-2024 to 18-Sep-2025

Network

Blue

Policy no

6491/2024

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: UAE (Excl AUH & Al Ain) + Home Country.

Active PA Details

Active Referral Details

Claim details

Benifit Group

-Select-

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

Add Medicine

Add

sl	Medicine	Billed Rate	Quantity	Bill Amount	Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Actio

Add Diagnosis

Type

select

Add

Diagnosis	Code	Type	Action

Add Documents

Attach document(s)

Sl	File caption

Provider remarks

Generate Claim Form

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