ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

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

I022-029-120877992-01

Search Clear

Member Details

Name

LUDEK SAFRANEK

Group Name

LUDEK SAFRANEK

UB No

I022-029-120877992-01

DOB

05-Oct-1983

EID

111-1111-1111111-1

Gender

MALE

Appln No

45843421

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

04-Jun-2024

Leave Date

03-Jun-2025

PEC Status

NIL WAITING PERIOD

Member Flag

none

Maternity Status

NIL WAITING PERIOD

Flag Remarks

Visa Authority

Dubai

Policy Details

Payer

TAKAFUL EMARAT - INSURANCE

TPA

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Period

04-Jun-2024 to 03-Jun-2025

Network

Blue

Policy no

01-115-01-24-2093946513

Direct SP Access

No

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% Max AED 25	20%	20%	20%	20% Max 3500	NIL	NA	NA

Remarks

Area of cover: UAE.
Only declared pre existing condition will be covered.

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor

Phone No

971-55-1234567

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