ID Details

Request Type

(●) Out Patient ( ) In patient

Member Details

Name

PARTHIV DEWAN

Group Name

PARTHIV DEWAN

UB No

I022-029-115720168-01

DOB

17-Feb-1993

EID

784-1993-0765957-5

Gender

MALE

Appln No

784-1993-0765957-5

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

12-Sep-2024

Leave Date

11-Sep-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

12-Sep-2024 to 11-Sep-2025

Network

Blue

Policy no

01-115-11-24-8079488060

Direct SP Access

No

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% upto AED 25	10%	10%	20%	10% LIMIT 6500	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