ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

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

784-1990-8392587-7

Search Clear

Member Details

Name

SHAILENDRA SINGH

Group Name

ROYAL ORCHID HOSPITALITY DMCC..-

UB No

I011-029-121356706-01

DOB

21-Jun-1990

EID

784-1990-8392587-7

Gender

MALE

Appln No

EC-65467

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

16-Sep-2024

Leave Date

30-Jun-2025

PEC Status

6 Month waiting Period

Member Flag

None

Maternity Status

NIL WAITING PERIOD

Flag Remarks

Visa Authority

Dubai

Policy Details

Payer

Al Sagr National Insurance Company

TPA

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Period

01-Jul-2024 to 30-Jun-2025

Network

Ecare Classic

Policy no

SZ595024012274

Direct SP Access

Yes

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 (Excluding the Emirate of Abu Dhabi & Al Ain Region)
20% Copay on all OP Services @ECare Classic Network Hospitals -Aster Hospitals &Cedars|Belhoul SPH |AL Saha Wa Al Shifaa Hsp |Central Pvt Hsp |Sharjah Corniche |Amina Hsp | AL Oraibi Hsp |Al Zharawi Hsp |Al Sharq Hsp |Armada One Day Surgical Centre |Aster Day Surgery Centre | Iranian Hospital |Aster Hospital Sonapur |IMH ||Hatta hospital

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor

Phone No

971-54-2023600

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