

 ID Details

Request Type

☒ Out Patient ☐ In patient

Patient ID Type

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

784-1995-7180838-7

 Search

Clear

 Member Details

Name

NAGABHISHEK BANGALORE RANGAVITTALA

Group Name

HOMES 4 LIFE REAL ESTATE BROKER (L.L.C)...

UB No

I005-029-119344150-04

DOB

22-Sep-1995

EID

784-1995-7180838-7

Gender

MALE

Appln No

2513824

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

28-May-2024

Leave Date

27-May-2025

PEC Status

NIL WAITING PERIOD

Member Flag

NONE

Maternity Status

NIL WAITING PERIOD

Flag Remarks

Visa Authority

Dubai

 Policy Details

Payer

Dubai Insurance Company P.S.C

TPA

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Period

28-May-2024 to 27-May-2025

Network
Ecare Classic

Policy no
461727

Direct SP Access
Yes

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% Max AED 25	10%	10%	10%	10% Max 5000	NIL	NA	NA

Remarks
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
Area of cover:UAE;Home Country

 [Active PA Details](#)

 [Active Referral Details](#)

 Claim details

Benefit 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

Q

Type

select

Add

Diagnosis	Code	Type	Action
-----------	------	------	--------

Add Documents

📎 Attach document(s)

SI	File caption
----	--------------

Provider remarks

Generate Claim Form