

## ID Details

### Request Type

☒ Out Patient ☐ In patient

### Patient ID Type

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

1011-029-121055332-01

 Search

Clear

## Member Details

### Name

MHD IYAD IBRAHIM BARGHALI

### Group Name

OST CONSTRUCTIONAL PROJECTS LLC.

### UB No

1011-029-121055332-01

### DOB

27-May-1997

### EID

784-1997-8336650-5

### Gender

MALE

### Appln No

EC-61557

### Category

Normal

### Policy Jurisdiction

DHA

### Benefit type

Non EBP

### Join Date

12-Jul-2024

### Leave Date

19-Jan-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

20-Jan-2024 to 19-Jan-2025

Network

Blue

Policy no

HS595024000462

Direct SP Access

No

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 coverage : UAE + Home country

 Active PA Details

 Active Referral Details

 Claim details

Benefit Group

Select Doctor

Phone No

971-58-1991636

Specialization

Please Enter Phone Number in Format 971-5X-XXXXXX

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)

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

Provider remarks

Generate Claim Form