

## ID Details

### Request Type

☒ Out Patient ☐ In patient

### Patient ID Type

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

I011-029-120429755-02

 Search

Clear

## Member Details

### Name

Waqas Babar Mushtaq Ali

### Group Name

FOOBER DELIVERY SERVICES LLC-

### UB No

I011-029-120429755-02

### DOB

01-Mar-2003

### EID

784-2003-2641730-8

### Gender

MALE

### Appln No

EC-45570

### Category

Normal

### Policy Jurisdiction

DHA

### Benefit type

Non EBP

### Join Date

01-May-2024

### Leave Date

30-Apr-2025

### PEC Status

NIL 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-May-2024 to 30-Apr-2025

Network  
Blue  
Policy no  
SZ595824006904  
Direct SP Access  
No

Co-Ins

| CONSULTATION | OUTPATIENT | LAB/RADIOLOGY | PHYSIO | PHARMACY     | IP              | MATERNITY | DENTAL |
|--------------|------------|---------------|--------|--------------|-----------------|-----------|--------|
| 20%          | 20%        | 20%           | 20%    | 30% Max 1500 | 20% Max AED 500 | NA        | NA     |

Remarks  
Area of coverage: UAE (Including the Emirate of Abu Dhabi & Al Ain Region)  
20% Copay on all OP Services @ E Care Network Hospitals - Aster Hospital Mankhool & Al Qusais | Aster Cedars |Belhoul Speciality hospital | AL Saha Wa Al Shifaa Hsp | Central Pvt Hsp |Sharjah corniche | Amina Hsp | AL Oraibi Hsp | Al Zharawi Hsp & Al Sharq Hsp |Hatta hospital

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor

Phone No

971-05-1234567

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