ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

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

784-1996-9349266-4

Search Clear

Member Details

Name

AMAL ROSHAN KONNOLA

Group Name

M/s. UCWF BUILDING MAINTENANCE LLC-NLSB

UB No

I020-029-119882647-02

DOB

28-Jun-1996

EID

784-1996-9349266-4

Gender

MALE

Appln No

216-24-H000258-00

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

07-Jul-2024

Leave Date

06-Jul-2025

PEC Status

NIL WAITING PERIOD

Member Flag

NONE

Maternity Status

NIL WAITING PERIOD

Flag Remarks

Visa Authority

Dubai

Policy Details

Payer

Al Buhaira National Insurance Co

TPA

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Period

07-Jul-2024 to 06-Jul-2025

Network

Blue

Policy no

21/2024/H000216

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 Cover: UAE (Excluding Abu Dhabi and Al Ain)

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor

Phone No

971-58-2336904

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

Provider : (CITICARE MEDICAL CENTER LLC (FORMERLY PESHAWAR MEDICAL CENTRE-AL BARSHA))