ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

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

I017-029-121255243-01

Search Clear

Member Details

Name

AUNG MYO ZIN

Group Name

BURMA ROAD FZ-LLC

UB No

I017-029-121255243-01

DOB

01-May-1986

EID

111-1111-1111111-1

Gender

MALE

Appln No

609850-1-A

Category

Normal

Policy Jurisdiction

DHA

Benefit type

EBP

Join Date

26-Aug-2024

Leave Date

25-Aug-2025

PEC Status

6 Month waiting Period

Member Flag

None

Maternity Status

NIL WAITING PERIOD

Flag Remarks

Visa Authority

Dubai

Policy Details

Payer

ABU DHABI NATIONAL INSURANCE COMPANY

TPA

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Period

26-Aug-2024 to 25-Aug-2025

Network

Blue

Policy no

609850

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 cover: Emirates of Dubai and northern Emirates, Emergency Extension to UAE

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor

Phone No

971-55-1234567

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