

 ID Details

Request Type

☒ Out Patient ☐ In patient

Patient ID Type

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

 Search

Clear

 Member Details

Name

HIBA ATIF ATIF JAVED

Group Name

ATIF JAVED SHAMS UDDIN

UB No

I022-029-122100187-01

DOB

28-Aug-1987

EID

784-1987-8805685-5

Gender

FEMALE

Appln No

784-1987-8805685-5

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

01-Feb-2025

Leave Date

31-Jan-2026

PEC Status

NIL WAITING PERIOD

Member Flag

NONE

Maternity Status

NIL WAITING PERIOD

Flag Remarks

Visa Authority

Dubai

 Policy Details

Payer

TAKAFUL EMARAT - INSURANCE

TPA

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Period

01-Feb-2025 to 31-Jan-2026

Network

Blue

Policy no

01-115-01-25-8895887850

Direct SP Access

No

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% upto AED 25	10%	10%	20%	10% LIMIT 6500	NIL	10%	NA

Remarks

Area of cover: UAE.
Only declared pre existing condition will be covered.



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
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Total

Add Medicine



Add

sl	Medicine	Billed Rate	Quantity	Bill Amount	Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Action
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Total

Add Diagnosis



Type

select

Add

Diagnosis	Code	Type	Action
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Add Documents

Attach document(s)

SI	File caption
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Provider remarks

Generate Claim Form