ID Details

Request Type

(●) Out Patient ( ) In patient

Member Details

Name

MOHAMMAD HLAL

Group Name

FRENCH DEPARTMENT STORES L. L. C.

UB No

I011-029-119640486-01

DOB

17-Jan-1997

EID

784-1997-1212517-0

Gender

MALE

Appln No

EC-51178

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

01-Apr-2024

Leave Date

31-Mar-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-Apr-2024 to 31-Mar-2025

Network

Blue

Policy no

HS593324004040

Direct SP Access

No

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% Max AED 25	10%	10%	10%	10% Max 7500	NIL	NA	NA

Remarks

Area of coverage :UAE (Excluding the Emirate of Abu Dhabi & Al Ain Region).
20% Copay on all OP Services @ E Care Network Hospitals - Aster Hospitals & 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

971-58-5845237

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