ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

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

784-1999-5264201-7

Search Clear

Member Details

Name

Syeda Firdos Fatima

Group Name

UPAY PAYMENT SERVICES

UB No

784-1999-5264201-7

DOB

30-Jun-1999

EID

784-1999-5264201-7

Gender

FEMALE

Appln No

784-1999-5264201-7

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

31-Dec-2024

Leave Date

30-Dec-2025

PEC Status

NIL WAITING PERIOD

Member Flag

None

Maternity Status

NIL WAITING PERIOD

Flag Remarks

Visa Authority

Sharjah

Policy Details

Payer

TAKAFUL EMARAT - INSURANCE

TPA

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Period

31-Dec-2024 to 30-Dec-2025

Network

Green

Policy no

01-111-01-24-047581

Direct SP Access

Yes

Co-Ins

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

Remarks

Area of coverage: UAE (Including the Emirate of Abu Dhabi & Al Ain Region). Emergency.
20% Copay on all OP Services @ E Care Green 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

971-54-2998191

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))