

 ID Details

Request Type

☒ Out Patient ☐ In patient

Patient ID Type

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

I022-029-114042580-01

 Search

Clear

 Member Details

Name

MUHAMMED BAHIR

Group Name

AL BILAD INDUSTRIES & TRADING FZCO

UB No

I022-029-114042580-01

DOB

16-Jun-1990

EID

784-1990-7430727-5

Gender

MALE

Appln No

784-1990-7430727-5

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

30-Aug-2024

Leave Date

29-Aug-2025

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

30-Aug-2024 to 29-Aug-2025

Network
Ecare Classic

Policy no
01-111-11-24-046926

Direct SP Access
Yes

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% max 25	NIL	NIL	NIL	NIL LIMIT 10000	NIL	NA	NA

Remarks
20% Copay on all OP Services @ECare Classic Network Hospitals -Aster Hospitals & Cedars|Belhoul SPH |AL Saha Wa Al Shifaa Hsp |Central Pvt Hsp |Sharjah Corniche |Amina Hsp | AL Oraibi Hsp |Al Zharawi Hsp |Al Sharq Hsp |Armada One Day Surgical Centre |Aster Day Surgery Centre | Iranian Hospital |Aster Hospital Sonapur |IMH |Hatta hospital.
Area of cover:UAE (Including the Emirate of Abu Dhabi & Al Ain Region).

 Active PA Details

 Active Referral Details

 Claim details

Benefit Group

Select Doctor

Phone No

971-50-3967687

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

Q

Type

select

Add

Diagnosis	Code	Type	Action
-----------	------	------	--------

Add Documents

📎 Attach document(s)

SI	File caption
----	--------------

Provider remarks

Generate Claim Form