ID Details

Request Type

(●) Out Patient ( ) In patient

Member Details

Name

OTHMANE OTHMANE FILALI BABA

Group Name

DECOART

UB No

I022-029-120377738-01

DOB

24-Apr-1992

EID

784-1992-4070498-3

Gender

MALE

Appln No

784-1992-4070498-3

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

11-Nov-2024

Leave Date

10-Nov-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

11-Nov-2024 to 10-Nov-2025

Network

Green

Policy no

01-111-01-24-047255

Direct SP Access

Yes

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% upto AED 25	10%	10%	10%	10% LIMIT 5000	NIL	NA	NA

Remarks

Area of cover:UAE (Including the Emirate of Abu Dhabi & Al Ain Region).

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor

Phone No

971-05-1234567

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

Provider : (CITICARE MEDICAL CENTER LLC (FORMERLY PESHAWAR MEDICAL CENTRE-AL BARSHA))