ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

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

784-2022-8261365-6

Search Clear

Member Details

Name

Muhammad Abdul Momin Hafiz

Group Name

HAFIZ ZAIN UL ABDEEN

UB No

I022-029-120598979-01

DOB

18-May-2022

EID

784-2022-8261365-6

Gender

MALE

Appln No

784-2022-8261365-6

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

05-May-2025

Leave Date

04-May-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

05-May-2025 to 04-May-2026

Network

Blue

Policy no

01-115-01-25-2774158921

Direct SP Access

No

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% upto AED 25	NIL	NIL	20%	NIL LIMIT 7500	NIL	NA	30% Max 500

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

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))