## ID Details

**Request Type**

(•) Out Patient ( ) In patient

**Patient ID Type**

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

784-2000-7160431-6

Search Clear

## Member Details

**Name**

**MOHAMMED FAISAL**

**Group Name**

D G M INVESTMENTS L.L.C

**UB No**

I035-029-119590450-01

**DOB**

01-Jan-2000

**EID**

784-2000-7160431-6

**Gender**

MALE

**Appln No**

784-2000-7160431-6

**Category**

Normal

**Policy Jurisdiction**

DHA

**Benefit type**

Non EBP

**Join Date**

28-May-2025

**Leave Date**

27-May-2026

**PEC Status**

NIL WAITING PERIOD

**Member Flag**

None

**Maternity Status**

NIL WAITING PERIOD

**Flag Remarks**

**Visa Authority**

Dubai

### Policy Details

**Payer**

SALAMA – Islamic Arab Insurance Company

**TPA**

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

**Period**

**28-May-2025 to 27-May-2026**

**Network**

**Blue**

**Policy no**

3562/2025

**Direct SP Access**

No

**Co-Ins**

| CONSULTATION | OUTPATIENT | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP | MATERNITY | DENTAL |
|---|---|---|---|---|---|---|---|
| 20% upto AED 25 | 10% | 10% | 10% | 10% LIMIT 7500 | NIL | NA | 30% Max 500 |

**Remarks**

20% Copay on all OP Services @ E Care blue Network Hospitals - Aster Hospitals & Cedars | | AL Saha Wa Al Shifaa Hsp | Central Pvt Hsp |Sharjah corniche | Amina Hsp | AL Oraibi Hsp | Al Zharawi Hsp & Al Sharq Hsp |Hatta Hospital
Area of Coverage – 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