ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

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

I017-029-117280952-01

Search Clear

Member Details

Name	**SARANYA MANIKANDAN**	**Group Name**	M A K POOLS AND GARDENS L.L.C
UB No	I017-029-117280952-01	**DOB**	03-Sep-1989
EID	784-1989-3524205-1	**Gender**	FEMALE
Appln No	I017-029-117280952-01	**Category**	Normal
Policy Jurisdiction	DHA	**Benefit type**	Non EBP
Join Date	16-Oct-2022	**Leave Date**	15-Oct-2023
PEC Status	NIL WAITING PERIOD		

Policy Details

Payer	ABU DHABI NATIONAL INSURANCE COMPANY	**TPA**	E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC
Period	**16-Oct-2022 to 15-Oct-2023**	**Network**	**Blue**
Policy no	200086	**Direct SP Access**	GP Referral Mandatory

Co-Ins

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

Remarks

Area of coverage: UAE (Excluding the Emirate of Abu Dhabi & Al Ain Region).
PEC: NIL WAITING PERIOD

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor

Phone No

971-55-7555679

Specialization

Please Enter Phone Number in Format 971-5X-XXXXXXX

Add Service

Add

Service	Quantity	Rate	Co-Ins	Net Req Amount	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 : (Peshawar Medical Centre-Al Barsha)