ID Details

Request Type

○ Out Patient ○ In patient

Patient ID Type

○ UB No ○ Emirates ID ○ Application ID ○ RA No

I017-029-119231692-01 | Search | Clear

Member Details

Name	**BUDDHINI MANODYA K K K MUDIYANSELAGE**	**Group Name**	IFA HI TRU
UB No	I017-029-119231692-01	**DOB**	24-Aug-
EID	111-1111-1111111-1	**Gender**	FEMALE
Appln No	I017-029-119231692-01	**Category**	Normal
Policy Jurisdiction	DHA	**Benefit type**	Non EBP
Join Date	01-Oct-2023	**Leave Date**	30-Sep-
PEC Status	NIL WAITING PERIOD		

Policy Details

Payer	ABU DHABI NATIONAL INSURANCE COMPANY	**TPA**	E CARE IN CES CO. LLC
Period	**01-Oct-2023 to 30-Sep-2024**	**Network**	**Green**
Policy no	200018-1	**Direct SP Access**	SP Direct

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP
10% upto AED 25	NIL	NIL	NIL	NIL LIMIT 150000	NIL

Remarks 20% Copay on all OP Services @ E Care Green (Direct SP Access) Network Hospitals - Aster Hospitals & Aster Arjan Centre
Area of cover: Emirates of Dubai(Extended to other emirates of UAE)

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor

Phone No

971-12-3456789

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

Specialization

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