## ID Details

**Request Type**

○ Out Patient ○ In patient

**Patient ID Type**

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

I040-029-113718534-01

Search Clear

## Member Details

| | | | |
|---|---|---|---|
| **Name** | **ELEANOR MANGUBAT** | **Group Name** | STAYBRIDGE SUITES FZ L.L.C. |
| **UB No** | I040-029-113718534-01 | **DOB** | 06-Nov-1976 |
| **EID** | 784-1976-1685183-4 | **Gender** | MALE |
| **Appln No** | 784-1976-1685183-4 | **Category** | Normal |
| **Policy Jurisdiction** | DHA | **Benefit type** | Non EBP |
| **Join Date** | 02-Jan-2023 | **Leave Date** | 01-Jan-2024 |
| **PEC Status** | NIL WAITING PERIOD | | |

## Policy Details

| | | | |
|---|---|---|---|
| **Payer** | Union Insurance Company P. S. C. | **TPA** | E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC |
| **Period** | **02-Jan-2023 to 01-Jan-2024** | **Network** | **Blue** |
| **Policy no** | UICECA3774-Jan23 | **Direct SP Access** | GP Referral Mandatory |

**Co-Ins**

| CONSULTATION | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP | MATERNITY | DENTAL |
|---|---|---|---|---|---|---|
| 20% max 25 | NIL | NIL | NIL LIMIT 7500 | NIL | NA | NA |

**Remarks** Area of cover: United Arab Emirates

## Active PA Details

## Active Referral Details

## Claim details

**Benifit Group**

**Select Doctor**

**Phone No**

971-54-5965038

**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