ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

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

I040-029-113718995-01

Search Clear

Member Details

Name	**FARIYA BASHIR**	**Group Name**	STAYBRIDGE SUITES FZ L.L.C.
UB No	I040-029-113718995-01	**DOB**	10-Jun-1985
EID	784-1985-5065475-4	**Gender**	MALE
Appln No	784-1985-5065475-4	**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	OUTPATIENT	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

971-52-8762499

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