ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

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

I040-029-119827245-01

Search Clear

Member Details

Name

ANJALI . PRABHAKARAN

Group Name

STAYBRIDGE SUITES FZ L.L.C.

UB No

I040-029-119827245-01

DOB

09-Jul-1991

EID

784-1991-7414360-4

Gender

FEMALE

Appln No

I040-029-119827245-01

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

11-Sep-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	NIL LIMIT 7500	NIL	10%	NA

Remarks

Area of cover: United Arab Emirates

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor

Phone No

971-50-3849151

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)