

 ID Details

Request Type

☒ Out Patient ☐ In patient

Patient ID Type

☐ UB No ☒ Emirates ID ☐ Application ID ☐ RA No

784-1995-7395546-7

 Search

Clear

 Member Details

Name

MOHAMED BELAL ABDELAZIZ MAHMOUD

Group Name

STAYBRIDGE SUITES FC LLC-

UB No

I040-029-118737797-01

DOB

12-Nov-1995

EID

784-1995-7395546-7

Gender

MALE

Appln No

I040-029-118737797-01

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

02-Jan-2024

Leave Date

01-Jan-2025

PEC Status

NIL WAITING PERIOD

Flag Remarks

Member Flag

None

Visa Authority

Dubai

 Policy Details

Payer

Union Insurance Company P. S. C.

TPA

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Period

02-Jan-2024 to 01-Jan-2025

Network

Blue

Policy no
AE/2024/G/18720
Direct SP Access
No

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% max 25	NIL	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

971-50-3849151

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
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Add Documents

 Attach document(s)

SI	File caption
Provider remarks	
Generate Claim Form	