

 ID Details

Request Type

☒ Out Patient      ☐ In patient

Patient ID Type

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

784-1992-0365814-3

 Search

Clear

 Member Details

Name

PUTU NANDA . ATRYA

Group Name

SOFITEL THE PALM FZCO-

UB No

I040-029-119566985-01

DOB

18-Jul-1992

EID

784-1992-0365814-3

Gender

FEMALE

Appln No

I040-029-119566985-01

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

01-Jan-2024

Leave Date

31-Dec-2024

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

01-Jan-2024 to 31-Dec-2024

Network

Green

Policy no  
AE/2024/G/18810  
Direct SP Access  
Yes

Co-Ins

| CONSULTATION   | OUTPATIENT | LAB/RADIOLOGY | PHYSIO | PHARMACY      | IP  | MATERNITY | DENTAL |
|----------------|------------|---------------|--------|---------------|-----|-----------|--------|
| 20% Max AED 25 | NIL        | NIL           | NIL    | 20% Max 10000 | NIL | NA        | NA     |

Remarks  
20% copay on All OP services @ Aster Cedar Hospital  
Alternative treatments Covered by Registered & Licensed practitioner.  
Area of cover: United Arab Emirates + Home Country

 Active PA Details

 Active Referral Details

 Claim details

Benifit Group

Select Doctor

Phone No

971-55-6611645

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)

| SI | File caption |
|----|--------------|
|----|--------------|

Provider remarks

Generate Claim Form