## ID Details

**Request Type**

(•) Out Patient ( ) In patient

**Patient ID Type**

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

I040-029-115456011-01

Search Clear

## Member Details

**Name**

**MARK OLIVER DELA CRUZ MENDOZA**

**Group Name**

BIN LADIN CONTRACTING GROUP (L.L.C.).

**UB No**

I040-029-115456011-01

**DOB**

18-Feb-1989

**EID**

784-1989-3193942-9

**Gender**

MALE

**Appln No**

I040-029-115456011-01

**Category**

Normal

**Policy Jurisdiction**

DHA

**Benefit type**

Non EBP

**Join Date**

01-Jul-2023

**Leave Date**

30-Jun-2024

**PEC Status**

NIL WAITING PERIOD

**Flag Remarks**

**Member Flag**

**Visa Authority**

Dubai

### Policy Details

**Payer**

Union Insurance Company P. S. C.

**TPA**

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

**Period**

**01-Jul-2023 to 30-Jun-2024**

**Network**

**Green**

**Policy no**

AE/2023/G/8900

**Direct SP Access**

Yes

**Co-Ins**

| CONSULTATION | OUTPATIENT | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP | MATERNITY | DENTAL |
|---|---|---|---|---|---|---|---|
| 20% | 20% | 20% | 20% | 20% LIMIT 150000 | NIL | NA | NA |

**Remarks**

Hearing, vision aids, laser and treatment services for dental and gum– 20% Covered - Only in case of Emergencies.
Area of cover: UAE

Active PA Details

Active Referral Details

## Claim details

**Benifit Group**

**Select Doctor**

**Phone No**

971-56-6960387

**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