

 ID Details

Request Type

☒ Out Patient ☐ In patient

 Member Details

Name

AIMEN MOHAMED BELKADI

Group Name

STAYBRIDGE SUITES FC LLC-

UB No

I040-029-118425676-01

DOB

18-May-2001

EID

784-2001-9522048-6

Gender

MALE

Appln No

I040-029-118425676-01

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
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Total

Add Diagnosis

Type

select

Add

Diagnosis	Code	Type	Action
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Add Documents

Attach document(s)

SI	File caption
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Provider remarks

Generate Claim Form