

 ID Details

Request Type

☒ Out Patient

☐ In patient

 Member Details

Name

SARITA . NEUPANE

Group Name

STAYBRIDGE SUITES FC LLC-

UB No

I040-029-120704971-01

DOB

27-Sep-2001

EID

111-1111-111111-1

Gender

FEMALE

Appln No

I040-029-120704971-01

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

23-Apr-2024

Leave Date

01-Jan-2025

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

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
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Provider remarks

Generate Claim Form

