## ID Details

**Request Type**

(•) Out Patient ( ) In patient

**Patient ID Type**

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

784-2001-1158267-0

Search Clear

## Member Details

**Name**

**AHMAD . JAMEEL**

**Group Name**

TWENTY FIVE DEGRESS NORTH RESTAURANT L.L.C

**UB No**

I040-029-119282953-01

**DOB**

29-Nov-2001

**EID**

784-2001-1158267-0

**Gender**

MALE

**Appln No**

I040-029-119282953-01

**Category**

Normal

**Policy Jurisdiction**

DHA

**Benefit type**

EBP

**Join Date**

30-Mar-2024

**Leave Date**

29-Mar-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**

**30-Mar-2024 to 29-Mar-2025**

**Network**

**Blue**

**Policy no**

AE/2024/L/19694

**Direct SP Access**

No

**Co-Ins**

| CONSULTATION | OUTPATIENT | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP | MATERNITY | DENTAL |
|---|---|---|---|---|---|---|---|
| 20% | 20% | 20% | 20% | 30% Max 1500 | 20% CAP 500 | 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**

971-54-2040019

**Specialization**

Please Enter Phone Number in Format 971-5X-XXXXXXX

**Add Service**

Add

| Service | Quantity | Rate | Co-Ins | Net Req Amount | Action |
|---|---|---|---|---|---|

**Total**

**Add Medicine**

Add

| sl | Medicine | Billed Rate | Quantity | Bill Amount | Co Ins % | Co Ins Amt | Net Req Amount | Medicine Details | Action |
|---|---|---|---|---|---|---|---|---|---|

**Total**

**Add Diagnosis**

Type

select

Add

| Diagnosis | Code | Type | Action |
|---|---|---|---|

Add Documents

Attach document(s)

| Sl | File caption |
|---|---|

Provider remarks

Generate Claim Form