

 ID Details

Request Type

☒ Out Patient      ☐ In patient

Patient ID Type

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

 Search

Clear

 Member Details

**Name**  
PIRAJI CHOUGULE . KRISHNA

**Group Name**  
STAYBRIDGE SUITES FC LLC-

**UB No**  
I040-029-120896487-01

**DOB**  
14-Sep-2002

**EID**  
111-1111-111111-1

**Gender**  
MALE

**Appln No**  
I040-029-120896487-01

**Category**  
Normal

**Policy Jurisdiction**  
DHA

**Benefit type**  
Non EBP

**Join Date**  
06-Jun-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**

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

Benefit Group

Select Doctor

Q

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 Medicine

Add

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

Add Diagnosis

Q

Type

select

Add

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

Add Documents

 Attach document(s)

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

Provider remarks

Generate Claim Form