ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

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

I040-029-116125957-01

Search Clear

Member Details

Name

AGGREY . ONYANGO

Group Name

SOFITEL THE PALM FZCO-

UB No

I040-029-116125957-01

DOB

12-Nov-1983

EID

784-1983-4379150-9

Gender

MALE

Appln No

I040-029-116125957-01

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

01-Jan-2024

Leave Date

31-Dec-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-Jan-2024 to 31-Dec-2024

Network

Green

Policy no

AE/2024/G/18810

Direct SP Access

Yes

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% Max AED 25	NIL	NIL	NIL	20% Max 10000	NIL	NA	NA

Remarks

20% copay on All OP services @ Aster Cedar Hospital
Alternative treatments Covered by Registered & Licensed practitioner.
Area of cover: United Arab Emirates + Home Country

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor

Phone No

971-55-6611645

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