## ID Details

**Request Type**

(•) Out Patient ( ) In patient

**Patient ID Type**

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

I040-029-116817510-01

Search Clear

## Member Details

**Name**

**PENINAH . MUTUWA**

**Group Name**

TH8 PALM HOTEL APARTMENTS - FZE

**UB No**

I040-029-116817510-01

**DOB**

14-Jan-1993

**EID**

784-1993-8694307-2

**Gender**

FEMALE

**Appln No**

I040-029-116817510-01

**Category**

Normal

**Policy Jurisdiction**

DHA

**Benefit type**

EBP

**Join Date**

01-Oct-2024

**Leave Date**

30-Sep-2025

**PEC Status**

NIL WAITING PERIOD

**Member Flag**

**Maternity Status**

NIL WAITING PERIOD

**Flag Remarks**

**Visa Authority**

Dubai

### Policy Details

**Payer**

Union Insurance Company P. S. C.

**TPA**

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

**Period**

**01-Oct-2024 to 30-Sep-2025**

**Network**

**Green**

**Policy no**

UICECA3041-Oct24

**Direct SP Access**

Yes

**Co-Ins**

| CONSULTATION | OUTPATIENT | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP | MATERNITY | DENTAL |
|---|---|---|---|---|---|---|---|
| 20% Max AED 25 | NIL | NIL | NIL | NIL Max 7500 | NIL | NA | NA |

**Remarks**

20% Copay on all OP Services @ E Care Network Hospitals - Aster Hospitals & Cedars | Belhoul SPH | NMC DIP Hsp | AL Saha Wa Al Shifaa Hsp | Central Pvt Hsp | Sharjah Corniche | Amina Hsp | AL Oraibi Hsp | Al Zharawi Hsp & Al Sharq Hsp |
Hearing, vision aids, laser and treatment services for dental and gum– 20% Covered - Only in case of Emergencies.
Area of cover : United Arab Emirates

Active PA Details

Active Referral Details

## Claim details

**Benifit Group**

**Select Doctor**

**Phone No**

971-4-5258888

**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

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Provider : (CITICARE MEDICAL CENTER LLC (FORMERLY PESHAWAR MEDICAL CENTRE-AL BARSHA))