ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

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

I040-029-121406571-01

Search Clear

Member Details

Name

TEOPISTA NAMIREMBE

Group Name

STAYBRIDGE SUITES FC L.L.C

UB No

I040-029-121406571-01

DOB

29-Nov-1993

EID

784-1993-3964296-1

Gender

FEMALE

Appln No

784-1993-3964296-1

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

02-Jan-2025

Leave Date

01-Jan-2026

PEC Status

NIL WAITING PERIOD

Member Flag

None

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

02-Jan-2025 to 01-Jan-2026

Network

Blue

Policy no

AE/2025/G/22410

Direct SP Access

No

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% Max AED 25	NIL	NIL	NIL	NIL Max 7500	NIL	10%	30% Max 500

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 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

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