ID Details

Request Type

(●) Out Patient ( ) In patient

Member Details

Name

ALSE . B K

Group Name

STAYBRIDGE SUITES FC L.L.C

UB No

I040-029-121984785-01

DOB

17-May-1986

EID

784-1986-1813079-7

Gender

FEMALE

Appln No

I040-029-121984785-01

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

08-Jan-2025

Leave Date

01-Jan-2026

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

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