ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

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

784-2000-4936446-4

Search Clear

Member Details

Name	**KHALED MIAH MOKODDAS ALI**	**Group Name**	STAYBRIDGE SUITES FC L.L.C
UB No	I040-029-118643536-01	**DOB**	20-Jan-2000
EID	784-2000-4936446-4	**Gender**	MALE
Appln No	784-2000-4936446-4	**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	NA	30% Max 500

Remarks Area of cover: United Arab Emirates

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor

Phone No

Specialization

971-50-3849151

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