

ID Details

Request Type

☒ Out Patient

☐ In patient

Patient ID Type

☐ UB No

☒ Emirates ID

☐ Application ID

☐ RA No

784-1992-8043025-9

Search

Clear

Member Details

Name	MANIKANDAN MARIAPPAN	Group Name	STAYBRIDGE SUITES FZ L.L.C
UB No	I040-029-113722474-01	DOB	05-Oct-1992
EID	784-1992-8043025-9	Gender	MALE
AppIn No	784-1992-8043025-9	Category	Normal
Policy Jurisdiction	DHA	Benefit type	Non EBP
Join Date	02-Jan-2023	Leave Date	01-Jan-2024
PEC Status	NIL WAITING PERIOD		

Policy Details

Payer	Union Insurance Company P. S. C.			TPA	E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC			
Period	02-Jan-2023 to 01-Jan-2024			Network	Blue			
Policy no	UICECA3955-Jan23			Direct SP Access	GP Referral Mandatory			
Co-Ins								
	CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
	20% max 25	NIL	NIL	NIL	NIL LIMIT 7500	NIL	NA	NA
Remarks	Area of cover: United Arab Emirates							

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor



Phone No

Specialization

Please Enter Phone Number in Format 971-5X-XXXXXXX

Add Service

Q

Add

Service	Quantity	Rate	Co-Ins	Net Req Amount	Action
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Total

Add Diagnosis

Q

Type

select

Add

Diagnosis	Code	Type	Action
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Add Documents

📎 Attach document(s)

SI	File caption
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Provider remarks

Generate Claim Form