

 ID Details

Request Type

☒ Out Patient ☐ In patient

 Member Details

Name

YADANAR HEIN . AUNG

Group Name

STAYBRIDGE SUITES FC LLC-

UB No

I040-029-120546370-01

DOB

08-Apr-1992

EID

111-1111-1111111-1

Gender

FEMALE

Appln No

I040-029-120546370-01

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

05-Mar-2024

Leave Date

01-Jan-2025

PEC Status

NIL WAITING PERIOD

Flag Remarks

Member Flag

Visa Authority

Dubai

 Policy Details

Payer

Union Insurance Company P. S. C.

TPA

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Period

02-Jan-2024 to 01-Jan-2025

Network

Blue

Policy no

AE/2024/G/18720

Direct SP Access

No

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% max 25	NIL	NIL	NIL	NIL LIMIT 7500	NIL	10%	NA
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)			
SI	File caption		
Provider remarks			
Generate Claim Form			