

 ID Details

Request Type

☒ Out Patient    ☐ In patient

Patient ID Type

☐ UB No    ☒ Emirates ID    ☐ Application ID    ☐ RA No

784-1989-5104693-1

 Search

Clear

 Member Details

Name

RAJEESH KUNIYIL PARAKANDY

Group Name

STAYBRIDGE SUITES FC LLC-

UB No

I040-029-118764279-01

DOB

19-Feb-1989

EID

784-1989-5104693-1

Gender

MALE

Appln No

I040-029-118764279-01

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

02-Jan-2024

Leave Date

01-Jan-2025

PEC Status

NIL WAITING PERIOD

Flag Remarks

Member Flag

None

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 AED 25 | NIL        | NIL           | NIL    | NIL Max 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

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