

Request Type

☒ Out Patient ☐ In patient

Patient ID Type

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

784-1987-0918047-9

 Search

Clear

Name	MOHAMED MAHMOUD ABBAS ABDELHAFEZ	Group Name	STAYBRIDGE SUITES FC L.L.C
UB No	I040-029-117769088-01	DOB	14-Feb-1987
EID	784-1987-0918047-9	Gender	MALE
AppIn No	784-1987-0918047-9	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		

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							

Benifit Group

Select Doctor

Phone No

Specialization

971-50-3849151

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

Add Service

Q

Add

Service	Quantity	Rate	Co-Ins	Net Req Amount	Action
					Total

Add Medicine

Q

Add

sl	Medicine	Billed Rate	Quantity	Bill Amount	Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Action
									Total

Add Diagnosis

Q

Type

select

Add

Diagnosis	Code	Type	Action
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Add Documents

📎 Attach document(s)

Sl	File caption
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Provider remarks

Generate Claim Form