

 ID Details

Request Type

☒ Out Patient ☐ In patient

 Member Details

Name

SHALIKA MADUWANTHI KULAWANSHA KARUNA PELIGE

Group Name

STAYBRIDGE SUITES FC L.L.C

UB No

I040-029-119668661-01

DOB

20-Feb-1996

EID

784-1996-3368433-9

Gender

FEMALE

Appln No

784-1996-3368433-9

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

 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	10%	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

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

Add Service



Add

Service	Quantity	Rate	Co-Ins	Net Req Amount	Action
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Total

Add Medicine



Add

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

Add Diagnosis



Type

Add

Diagnosis	Code	Type	Action
Add Documents			
📎 Attach document(s)			
SI	File caption		

Provider remarks

Generate Claim Form