e-Claims | Download Submissions / **e-Claims XML Generation** | Selected XML(DIRECT) | Selected XML(DOWNLOAD MANUAL)

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Branch *: CITICARE MEDICAL CENTER LLC

Insurance Company *: 7 items checked

Payer : *Any Payer*

Date From : 22/11/2024

Date To : 24/11/2024

Invoice : *Enter Invoice #*

Patient : *Select Patient*

Disposition Flag : PRODUCTION

Status : Any

Doctor : *Any Doctor*

Coder Status : Any

Processing Status : Any

Export Excel ■Doctor License Not Available.. ■Claim Amount and Activity Net Amount not matched..

Alert	☐	S.No	Receiver Code.	Payer Code.	Policy No.	Card No.	Authorization No.	Insurance Company	Doctor	Clinician No.	File No.	Patient Name	Invoice No.	Service Date	Verify Status	St
	☑	1	TPA002	INS008		4B25-3514-1800-B6AC	EA0036621382/1	ORIENT INSURANCE P.J.S.C	AHSAN HUSSAIN	DHA-P-87543658	36853	LIAQAT KHAN	INV-1I031445	22-11-2024	Verified	Su
	☐	2	TPA002	INS001		34A2-10AC-62EA-FE9D		ENAYA	AHSAN HUSSAIN	DHA-P-87543658	44386	Omar	INV-1I031447	22-11-2024	Verified	Su
	☐	3	TPA002	INS008		9ECE-054F-2124-6421		ORIENT INSURANCE P.J.S.C	Humaira	DHA-P-54155530	44981	RAJI KUNJACHAN KUNJACHAN	INV-1I031464	22-11-2024	Verified	Su
	☐	4	TPA002	INS008		7BDE-2D43-9549-E33F		ORIENT INSURANCE P.J.S.C	Humaira	DHA-P-54155530	31897	ABDEL SATER ABD EL REHIM	INV-1I031467	22-11-2024	Verified	Su
	☐	5	TPA002	INS008		4B25-3514-1800-B6AC	EA0036641037/1	ORIENT INSURANCE P.J.S.C	AHSAN HUSSAIN	DHA-P-87543658	36853	LIAQAT KHAN	INV-1I031480	23-11-2024	Not-Verified	No Su
	☐	6	TPA002	INS008		67FB-585E-745A-5B5F		ORIENT INSURANCE P.J.S.C	Humaira	DHA-P-54155530	44952	EYERUSALEM GETACHEW BEKELE	INV-1I031488	23-11-2024	Not-Verified	No Su
	☐	7	TPA002	INS008		79D5-68A4-3117-A44E		ORIENT INSURANCE P.J.S.C	AHSAN HUSSAIN	DHA-P-87543658	44966	WENDY ANN NICOMEDEZ	INV-1I031515	24-11-2024	Not-Verified	No Su
	☐	8	TPA002	INS134		2903-28A3-F2B7-3C99		MEDGULF - THE MEDITERRANEAN and GULF INSURANCE and REINSURANCE CO. B.S.C. (C) (DUBAI BRANCH)	Humaira	DHA-P-54155530	45001	FATHIMA SAHANA JAMBAR	INV-1I031520	24-11-2024	Verified	Su
	☐	9	TPA002	INS008		35E8-B907-09C6-4D3C		ORIENT INSURANCE P.J.S.C	Humaira	DHA-P-54155530	38877	QASSEM MOHAMMAD	INV-1I031521	24-11-2024	Verified	No Su
	☐	10	TPA002	INS008		A729-A36D-3B97-2773		ORIENT INSURANCE P.J.S.C	Humaira	DHA-P-54155530	45003	Mary Jane Martelino	INV-1I031522	24-11-2024	Verified	Su
	☐	11	TPA002	INS008		82C6-28F9-F449-5BBC	EA0036684319/1	ORIENT INSURANCE P.J.S.C	Humaira	DHA-P-54155530	45005	ROBYN FERGUSON	INV-1I031524	24-11-2024	Verified	Su
	☐	12	TPA002	INS134		75FF-E512-4373-E098		MEDGULF - THE MEDITERRANEAN and GULF INSURANCE and REINSURANCE CO. B.S.C. (C) (DUBAI BRANCH)	Enomen Goodluck	DHA-P-28040827	43879	MARWAN	INV-1I031549	24-11-2024	Verified	Su
	☐	13	TPA002	INS008	52ED-ACFD-EBAA-255F	52ED-ACFD-EBAA-255F		ORIENT INSURANCE P.J.S.C	Enomen Goodluck	DHA-P-28040827	42617	OMAR MEZYAD ALGHAWTHANI	INV-1I031550	24-11-2024	Verified	No Su

ClinicSoft 8.0 - Edit Invoice

Patient Details | Cheif Complaints | Doctor Diagnosis | Invoice | Treatments4 | Print Medic

☐None ☐Yes(teeth Involved) *Enter Text*

Diagnosis

Date	Doctor	ICD Code	Diagnosis
22-Nov-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without es
22-Nov-2024	AHSAN HUSSAIN	E86.0	Dehydration
22-Nov-2024	AHSAN HUSSAIN	DHA-P-87543658	Calculus of lower urinary tract, unspecified
22-Nov-2024	AHSAN HUSSAIN	N39.0	Urinary tract infection, site not specified
22-Nov-2024	AHSAN HUSSAIN	M54.5	Low back pain

Treatments

Start Time	End Time	CPT Code	Treatment
00:00:00	00:00:00	99213	GP Consultation

Prescription

Generic/Dose/Form
FOSFOLAG 3G / (FOSFOMYCIN (AS TROMETAMOL : 3 G GRANULES ORAL / GRANULES (1S, SACHET / sachet

invoice_edit.aspx?invId=55342&inv_insurance_name=ORIENT INSURANCE P.J.S.C&department=General&patId=37683