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

Search e-Claims XML Generation

Branch *: CITICARE MEDICAL CENTER LLC

Insurance Company *: 6 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	Doctor	Clinician No.	File No.	Patient Name	Invoice No.	Service Date	Verify Status	Status
	☐	1	TPA001	INS005	429429	6870817668702		DUBAI INSURANCE COMPANY	Humaira	DHA-P-54155530	39196	NAYA	INV-1I031516	24-11-2024	Verified	Not-Submitte
	☐	2	TPA001	INS005	429429	6870817668701		DUBAI INSURANCE COMPANY	Humaira	DHA-P-54155530	38071	DARIN AHED	INV-1I031517	24-11-2024	Verified	Not-Submitte

ClinicSoft 8.0 - Edit Invoice

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

Temperature	Pulse	BPS	BPD	Height	Weight	BMI	Respiratory	SpO2
36	86	100	60	160	68	26.56	18	98

HARD TISSUE

Reason for Loss Of missing teeth:

☐ Extracted Due to Dental Caries

☐ Extracted Due to PeriDontal Disease

	Dental Caries	Teeth No.
1.	*Select*	*Enter Tooth*
2.	*Select*	*Enter Tooth*
3.	*Select*	*Enter Tooth*
4.	*Select*	*Enter Tooth*
5.	*Select*	*Enter Tooth*
6.	*Select*	*Enter Tooth*
7.	*Select*	*Enter Tooth*
8.	*Select*	*Enter Tooth*
9.	*Select*	*Enter Tooth*
10.	*Select*	*Enter Tooth*