

 ID Details

Patient ID Type

☐ UB No

☒ Emirates ID

☐ GDRFA ID

784-1969-8142647-9

 Search

Clear

 Member Information

Name

Abdul Awal

Group Name

Mercure Hotel Suites & Apartments FZ-LLC

UB No

LL523875

DOB

09-Nov-1969

EID

784-1969-8142647-9

Gender

MALE

DHA Member ID

I007-037-113383444-01

Category

Normal

 Policy Information

Payer

Dubai National Insurance & Reinsurance P.S.C

TPA

KHAT AL HAYA Management of Health Insurance Claims LLC

Period

13-Jan-2024 to 12-Jan-2025

Network

Lifeline Pearl Network

Policy no

09/954/2024/14/LLT

Direct SP Access

SP Direct Access

Policy Jurisdiction

DHA

IP/OP Status

IP not Covered

Co-Ins

| CONSULTATION                   | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP  | MATERNITY      | DENTAL                                                                      |
|--------------------------------|---------------|--------|----------|-----|----------------|-----------------------------------------------------------------------------|
| 20% (Max AED: 25/-) Co-payment | Nil           | Nil    | Nil      | Nil | 10% Co-payment | Excluded, except in case of medical emergencies subject to 20% Co-insurance |
| Remarks                        |               |        |          |     |                |                                                                             |

 Activity Information

Benifit Group

Select Doctor



Handling Type

Out patient

Specialization

Phone No

971-52-6481936

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

Add Diagnosis



Type

select

Add

| Diagnosis | Code | Type | Action |
|-----------|------|------|--------|
|-----------|------|------|--------|

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 | Remarks | Action |
|----|----------|-------------|----------|-------------|----------|------------|----------------|------------------|---------|--------|
|----|----------|-------------|----------|-------------|----------|------------|----------------|------------------|---------|--------|

Total

Add Documents

Attach document(s)

| SI | File caption |
|----|--------------|
|----|--------------|

Provider remarks



Submit Request