

<u>Dashboard</u>

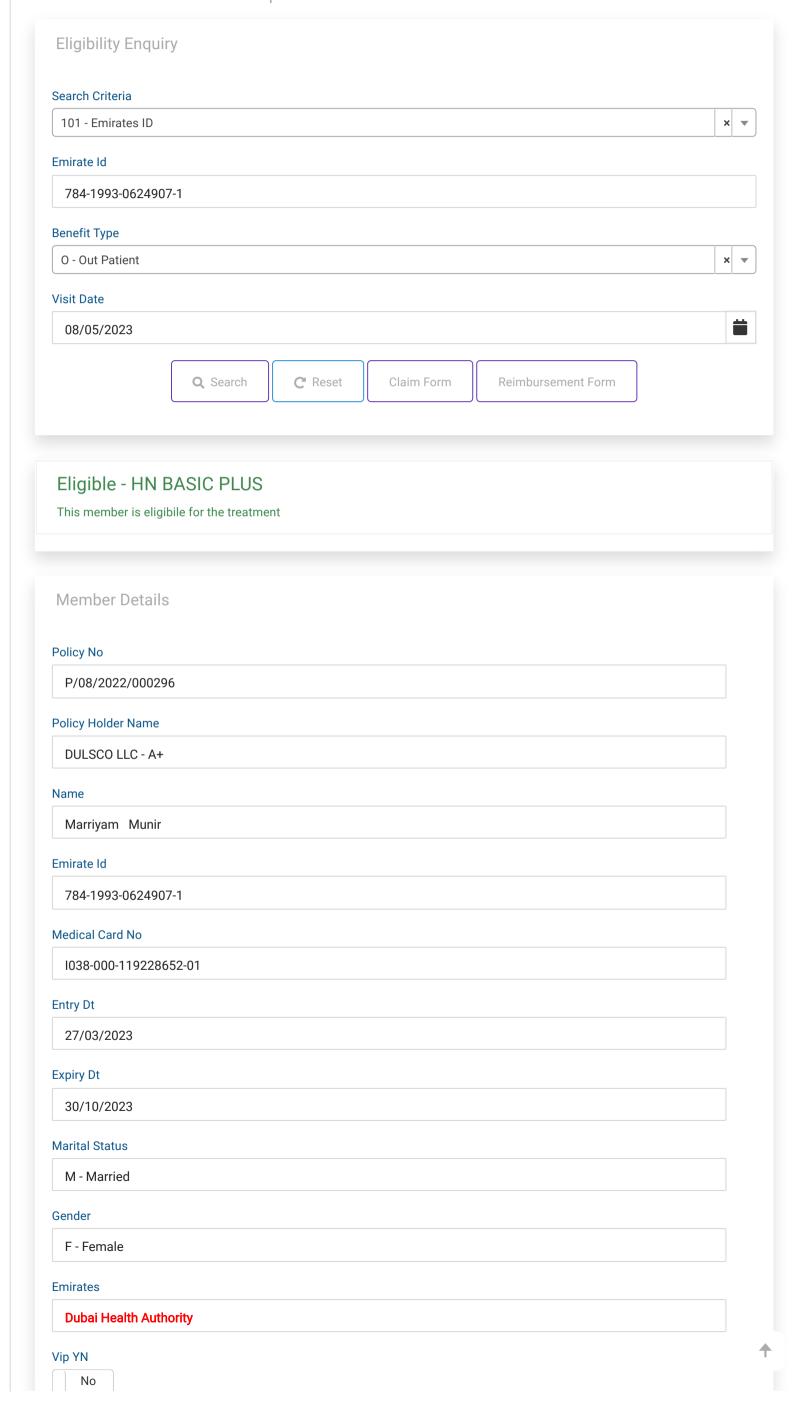
SERVICE

**Eligibility** 

Pre Authorization

Remittance Advice

## **Eligibility Enquiry Details**





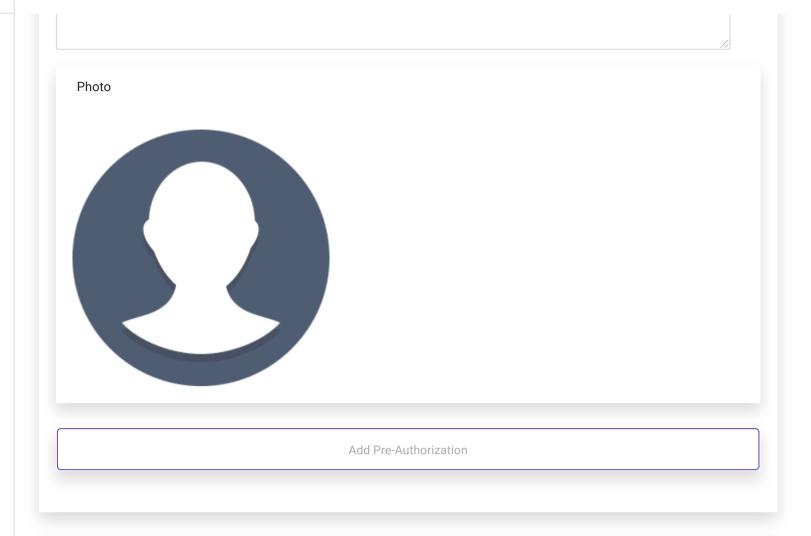
<u>Dashboard</u>

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## Benefit Benefit Status PRE-EXISTING CONDITION Covered MATERNITY OUT PATIENT BENEFIT OUTPATIENT SERVICE MATERNITY CESAREAN DELIVERY Page Size: 10 ➤ Page 1 of 1 [ 4 Records]

Deductible Details				
S UB bee B n e e Benefit Type f e.	Provider Type	Provider Name	Speciality	De:
	All			20: - ( 0
Out Patient	All	All		0% of Claim
Out Patient	All	All		0% of Claim
Out Patient	All	All		0% of Claim
Out Patient	All	All		0% of Claim
Out Patient	All	All		10% of Claim
In Patient	All	All		10% of Claim
In Patient	All	All		10% of Claim
Out Patient	All	All		20% of Claim N
In Patient	All	All		10% of Claim
	All	All		20% of Claim
	All	All		20% of Claim



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