

Filter		Home					
Claims							
Member Eligibility Che		Patient Information					
		Insurance Company			AL SAGR NATIONAL INSURANCE CO		
Claim Form		Member ID-CardNo			I011-010-118241106-01		
		Member Name			HUMAYUN AHAMED MD ABDUS SAL		
Referal		DOB/Gender			23 Sep 1984 / Male		
		Nationality			BANGLADESH		
Encounter (Clinic)		Valid Till			19 Jun 2022 to 07 Jun 2023		
		Status			MEMBER IS ELIGIBLE IN YOUR FACILI		
Remitance Advice		Emirates ID			784-1984-2144217-3		
		Claim Type		New Vi	isit ⊙ Follow Up○	Select Claim	
Old Encounter		Emirates ID *	Г		1	Emirates ID, No	
 Download CPT's		Patient Contact No *	L [Temp *	
Download CP1 S			L		Day(a)	_	
Formulary		Duration of illness *			□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	BPS/BPD *	
		Pulse *			/min Claim/Inv.Nc		
Add Doctor		SI# Encounter Type					
		1 No Bed + No emergency room					
Provider Details		Sl# Type	Code)	Diagnosis Descr	ription	
		1 Principal	~ <u> </u>				
Change Passwo	ď	Sl# Type Co	de	Naı	me		
		1 CPT ▼					
RenewEmpaneIm	nent						
		Do you want	Re	emarks			
		Referal/Updation CPT(Yes/No)?					
		Upload Reports	Choc	se File	No file chosen	Upload File	
					_		
4	 	•					