

ID Details

Patient ID Type

UB No Emirates ID GDRFA ID

784-1978-0814831-2

Search Clear

Member Information

Name	Sakthivel Sambanthan	Group Name	Ginco Cont. Co. LLC
UB No	LL392746	DOB	23-May-1978
EID	784-1978-0814831-2	Gender	MALE
DHA Member ID		Category	Normal

Policy Information

Payer	Al Sagr National Insurance Co. (PSC)				TPA		KHAT AL HAYA Management of Health Insurance Claims LLC															
Period	01-May-2023 to 30-Apr-2024				Network		Lifeline Sapphire															
Policy no	DB595423000019				Direct SP Access		SP Direct Access															
					IP/OP Status		IP not Covered															
Co-Ins	<table><tr><td>CONSULTATION</td><td>LAB/RADIOLOGY</td><td>PHYSIO</td><td>PHARMACY</td><td>IP</td><td>MATERNITY</td><td>DENTAL</td></tr><tr><td>20% (Max AED: 25/-) Co-payment</td><td>Nil</td><td>Nil</td><td>Nil</td><td>Nil</td><td>10% Co-payment</td><td>Not Covered</td></tr></table>								CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL	20% (Max AED: 25/-) Co-payment	Nil	Nil	Nil	Nil	10% Co-payment	Not Covered
CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL																
20% (Max AED: 25/-) Co-payment	Nil	Nil	Nil	Nil	10% Co-payment	Not Covered																
Remarks	GHD has been waived off as per the instruction from the Management.																					

Activity Information

Benifit Group

Acute Out Patients

Handling Type

Out patient

Phone No

971-65-531532

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

Add Diagnosis

Q

Select Doctor

enomen

Q

Specialization

Type

select

Add

Diagnosis	Code	Type	Action
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Add Service

Q

Add

Service	Quantity	Rate	Co-Ins	Net Req Amount	Action
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Add Medicine

Total

Q

Add

sl	Medicine	Billed Rate	Quantity	Bill Amount	Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Remarks	Action
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Total

Add Documents

Attach document(s)

SI	File caption
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Provider remarks

Submit Claim Form