

ID Details

Patient ID Type

☐ UB No ☒ Emirates ID ☐ GDRFA ID

784-1974-6860936-3

Search

Clear

Member Information

Name	Rajendran Shaji	Group Name	Ginco Cont. Co. LLC
UB No	LL392557	DOB	20-May-1974
EID	784-1974-6860936-3	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

New

Benifit Group

Chronic Out Patient

Handling Type

Out patient

Phone No

971-56-6960387

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

Add Diagnosis

Select Doctor

Sumaiya Galib

Specialization

GENERAL PRACTITIONER

Type

select

Add

Diagnosis	Code	Type	Action
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Add Service

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

Generate Claim Form