

| Filter | Home Member Eligibilit | |
|--------------------------------|--|------------------------------------|
| Claims | | |
| Member Eligibility Check | ς | |
| Claim Form | | Patient Information |
| | Insurance Company | AL SAGR NATIONAL INSURANCE CO |
| Referal | Member ID-CardNo | I011-010-117637978-02 |
| | Member Name | Roovesh |
| Encounter (Clinic) | DOB/Gender | 01 Jul 1980 / Male |
| | Nationality | INDIA |
| Remitance Advice Old Encounter | Valid Till | 01 Feb 2023 to 31 Jan 2024 |
| | Status | MEMBER IS ELIGIBLE IN YOUR FACILIT |
| | Emirates ID | 784-1989-4957909-2 |
| Download CPT's | | |
| | Deductible | |
| Formulary | Diagnostic & Treatment Services For Dental & Gum | |
| | Gp . | |
| Add Doctor | Gp Maternity | |
| | Hearing & Vision Aids Lab | |
| Provider Details | Medicine | |
| | Medicine-Maternity | |
| Change Password | Op Ante-Natal Services | |
| | Outpatient Maternity | |
| RenewEmpanelment | Physiotherapy | |
| | Procedure | |
| | Radiology Spl | |
| | Spl Maternity | |
| | Spi waterinty | |
| | | |
| | | |
| | | |
| 4 | | |
| | | |