7/6/23, 2:42 PM Claim for Clinic

			Cancel Save	e	Out P	atient 🕶 🔼	Enter Card N	Number/Emira Search		
	Patient Informa	ition								
Insurance Company	AL SAGR NATIONAL INSURANCE CO. (PSC) (Plan Name: Dha Enhanced)			Policy Deductibles Benefit&Coverage		Deductibl	Amount(%)			
Member ID- CardNo	I011-010-119490924-02					Diagnostic & Treatment Services For Dental & Gum		0.00	0.00	
Member Name	ber NameSoe Win						Gp		20.00	
DOB/Gender	16 Dec 1980 /			Gp Mater	Gp Maternity		10.00			
Nationality	Myanmar			Hearing & Vision Aids		0.00	0.00			
Valid Till	08 Jun 2023 to			Inpatient Maternity		0.00	10.00			
Status	MEMBER IS ELIG FACILITY FOR M			Lab		0.00	0.00	•		
Emirates ID	784-1980-3948	316-3								
Claim Type New Visit Follow Up Select Claim Catagory Complaints *										
Emirates ID *		ot available? select rea								
Patient	Temp *			°F		Symptoms *				
Contact No * — Duration of —			Temp		」,		lergies(If			
illness *	Day(s)	~	BPS/BPD *		mmH	Ig Ar	ıy) L			
Pulse *	/min Claim/Inv.No			Si			gn			
Sl# Encounter Type	counter Start	Encounter	: End	Start Date	Star	rt Time	End Date	End	Time	
1 No Bed ✔ Elective ✔ Discharge		Discharge	d with apprఁ ❤	06/07/2023 14:4		2 06/07/2023		14:42		
Sl# Type Code	Diagnosis Desc	ription								Т
1 Princi <sub> </sub> <b>∨</b>										
Sl# Type	Code Na	ameQty	Gross.AmtP	t.Share Start		Clinician				
	1 🗸			06/07/2023 Select				~ @	)	
			0.00	0.00						
□Do you want Referal/Updation CPT(Yes/No)?	Remark	SS								
Upload	so File No file chose	n IIn	load File							

Upload File

Choose File No file chosen

Reports