Cancel Save Out Patient Enter Card Number/Emira Search

| Patient Information | |
|---|---|
| Insurance Company | AL SAGR NATIONAL INSURANCE CO. (PSC) (Plan Name: Dha Enhanced) |
| Member ID-CardNo | I011-010-117215415-02 |
| Member Name | SCOVIA NABUKWASI |
| DOB/Gender | 05 Feb 1991 / Female |
| Nationality | UGANDA |
| Valid Till | 08 Jun 2023 to 07 Jun 2024 |
| Status | **MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES** |
| Emirates ID | 784-1991-5073617-3 |

Policy Deductibles
Benefit&Coverage

| Deductible | Amount | (%) |
|---|---|---|
| Diagnostic & Treatment Services For Dental & Gum | 0.00 | 0.00 |
| Gp | 50.00 | 20.00 |
| Gp Maternity | 0.00 | 10.00 |
| Hearing & Vision Aids | 0.00 | 0.00 |
| Inpatient | | |

Claim Type New Visit Follow Up Select Claim Catagory

Emirates ID * Emirates ID, Not available? select rea

Patient Contact No * Temp * °F

Duration of illness * Day(s) BPS/BPD * mmHg

Pulse * /min Claim/Inv.No

Complaints *

Symptoms *

Allergies(If Any)

Sign

| Sl# | Encounter Type | Encounter Start | Encounter End | Start Date | Start Time | End Date | End Time |
|---|---|---|---|---|---|---|---|
| 1 | No Bed | Elective | Discharged with ap | 29/07/2023 | 11:47 | 29/07/2023 | 11:47 |

| Sl# | Type | Code | Diagnosis Description |
|---|---|---|---|
| 1 | Princ | | |

| Sl# | Type | Code | Name | Qty | Gross.Amt | Pt.Share | Start | Clinician | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | CPT | | | 1 | | | 29/07/2023 | Select | |
| | | | | | 0.00 | 0.00 | | | |

Do you want Referal/Updation CPT(Yes/No)?

Remarks

Upload Reports Choose File No file chosen Upload File