		Cancel Save	e Out I	Patient V Enter Card	Number/Emira Search
	Patient Informa	tion]		
Insurance		NAL INSURANCE			
Company	CO. (PSC) (Plan Name: Dha Enhanced)		Policy Deductibles	Deductible	Amount(%)
Member ID- CardNo	I011-010-1171	83491-02	Benefit&Coverage	Diagnostic & Treatment Services For Dental & Gum	0.00 0.00
Member Name Ni Putu Oka Astini				Gp	50.00 20.00
DOB/Gender	er 20 Apr 1986 / Female			Gp Maternity	0.00 10.00
Nationality	INDONESIA			Hearing & Vision Aid	
Valid Till	08 Jun 2023 to	07 Jun 2024		Inpatient Maternity	0.00 10.00
Status	MEMBER IS ELIG	IBLE IN YOUR EDICAL SERVICES		Lab	0.00 0.00 🔻
Emirates ID	784-1986-4369				
Claim Type New Visit Follow Up Complaints *					
Emirates ID * Emirates ID, Not available? select rea ✓					
Patient		Temp *	°F	Symptoms *	
Contact No * L				Allergies(If	
illness *	Day(s)	▼ BPS/BPD *	mm	Hg Any)	
Pulse *	/min	Claim/Inv.No	0	Sign	
Sl# Encounter Type	Incounter Start	Encounter End	Start Date Sta	art Time End Date	End Time
1 No Bed ∨ [Elective 🗸	Discharged with appro ➤	02/08/2023 09	:59 02/08/202	3 09:59
SI# Type Code Diagnosis Description					
1 Princi ∨					9
Sl# Type	Code Na	meQty Gross.AmtP	t.ShareStart	Clinician	
1 CPT	*	1 🗸	02/08/2023	Select	v 💿
		0.00	0.00		
Do you want Referal/Updation CPT(Yes/No)?					
Upload Reports Choose File No file chosen Upload File					