

NETWORK I				
Filter	Home			
Claims			Cancel Save	Out Patient 🗸
Member Eligibility Che		Patient Information		
	Insurance Company	AL SAGR NATIONAL INSURANCE CO. (PSC) (Plan Name: Dha Enhanced)	Policy Deductibles	Deductible
Oldini i Olini	Member ID-CardNo	I011-010-118620467-02	Benefit&Coverage	Diagnostic & Treatment Services For Dental & Gum
	Member Name	AHMAD JAMAL QAISAR KHALIL		Gp
Referal	DOB/Gender	06 Jun 1993 / Male		Gp Maternity Hearing & Vision Aids
	,			nearing & vision Alds

Claims				Cancel Save			Out Patient V	1011-010-11862046	7-02		Se
Member Eligibility Che		Patient Inforr	mation								
	Insurance Company	AL SAGR NATIONAL INSURANCE CO. (PSC) (Plan Name: Dha Enhanced)		Policy Deductibles	Deductible					Amount	(%)
Claim Form	Member ID-CardNo I011-010-118620467-02			Benefit&Coverage	enefit&Coverage Diagnostic & Treatment Services For Dental & Gum					0.00	0.00
	Member Name	AHMAD JAMAL QAISAR KHALIL			Gp Maternity					50.00	20.00
Referal	DOB/Gender	06 Jun 1993 / Male			Hearing & Vision	n Aids				0.00	0.00
	Nationality	PAKISTAN			Inpatient Mater					0.00	10.00
Encounter (Clinic)	Valid Till	08 Jun 2023 to 07 Jun 2024			Lab	,				0.00	0.00
	Status	MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES			Medicine					0.00	10.00
Remitance Advice	Emirates ID 784-1993-2656768-4				On Anto Notal C	Pondene				ln nn	110 00
		/isit ● Follow Up ○	Select Claim Catagory			٦					
Old Encounter		Isit Follow Op C		Complaints *							
	Emirates ID *		Emirates ID, Not available? select rea ▼	Symptoms *							
Download CPT's	Patient Contact No *		Temp * °F	Allergies(If		_]					
	Duration of illness *	Day(s)	BPS/BPD * mmHg	Any)		_					
Formulary	Pulse *	/min	Claim/Inv.No	Sign							
	Sl# Encounter Type		<u>-</u>			Encounter Start	Encounter End	Start Date	Start Time	End Date	End Time
Add Doctor	1 No Bed + No emergency room					✓ Elective	 ✓ Discharged with a 		11:35	28/08/2023	11:35
						2.00010	Diodial god Ware	, p., p., p., p., p., p., p., p., p., p.			
Provider Details	Sl# Type Code 1 Principal ✓	Diagnosis Description									
	I Principal ▼										
Change Password	Sl# Type Code Name						Qty Gross.		Clinician		
	I CPT ✓						1 🕶		/2023 Select		Y 🔾
RenewEmpanelment								0.00 0.00			
	Do you want Remarks Referal/Updation										
	CPT(Yes/No)?										
	Upload Reports Choose File	No file chosen U	Jpload File								