



Member Eligibility Che

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Claim Form

Referral

Encounter (Clinic)

Remittance Advice

Old Encounter

Download CPT's

Formulary

Add Doctor

Provider Details

Change Password

RenewEmpanelment

Cancel Save

Save

Out Patient ▼

I011-010-119760966-02

Sea

Patient Information

Policy Deductibles
Benefit & Coverage

Complaints *	
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Symptoms *	
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Allergies(If Any)

Sign	
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Claim Type New Visit ☒ Follow Up ☐

Emirates ID *

Emirates ID, Not available? select re: ▼

Patient Contact No *

Temp °F

Duration of illness * Day(s)

BPS/BPD *

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 mmHgPulse * /min

Claim/Inv.No

Sl#	Type	Code	Diagnosis Description
1	Principal	✓	

Sl#	Type	Code	Name	Qty	Gross.Amt	Pt.Share	Start	Clinician
1	CPT			1			11/09/2023	Select
					0.00	0.00		

☐ Do you want Referral/Updation CPT(Yes/No)?

Remarks

Upload Reports

Choose File No file chosen

Upload File