



Filter	Home										
Claims				Cancel Save			Out Patient 🗸	1011-010-1197	60966-02		Se
Member Eligibility Che Claim Form		Patient Information	1								
	Insurance Company	AL SAGR NATIONAL INSURANCE	CO. (PSC) (Plan Name: Dha Enhanced)	Policy Deductibles	Deductible					Amount	(%)
	Member ID-CardNo	I011-010-119760966-02	, , ,	Benefit&Coverage	Diagnostic & Tre	eatment Services For	Dental & Gum			0.00	0.00
	Member Name LARISHA LAMARE DHONSINGH			Gp					50.00	20.00	
Referal	DOB/Gender 16 Nov 1999 / Female			Gp Maternity					0.00	10.00	
Referal				Hearing & Visior					0.00	0.00	
(Olivi)	Nationality	,			Inpatient Materr	nity				0.00	10.00
	Valid Till	21 Aug 2023 to 07 Jun 2024			Lab Medicine					0.00	0.00
	Status	MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES			On Anto Natal C	ondese				0.00	10.00
Remitance Advice	Emirates ID	nirates ID 784-1999-6743607-4									
Old Encounter	Claim Type New V	ïsit ●Follow Up ○	Select Claim Catagory	Complaints *]					
	Emirates ID *	Emira	ates ID, Not available? select re₁ ✓	Symptoms *		ī					
Download CPT's	Patient Contact No *	Тетр	°F	• •							
Download CF1's	Duration of illness *			Allergies(If Any)							
Farmentland						1					
Formulary	Pulse *	/min Clain	n/Inv.No	Sign		J					
Add Doctor	Sl# Encounter Type					Encounter Start	Encounter E			End Date	End Time
	1 No Bed + No emergency room					✓ Elective	✓ Discharged v	vith apprc ✓ 11/09/20	023 20:19	11/09/2023	20:19
Provider Details	SI# Type Code	Diagnosis Description									
1 Tovider Betails	1 Principal V										
Change Password											
Change Fassword	Sl# Type Code Name								tart Clinicia	1	
D E	1 CPT V						1 🗸		1/09/2023 Select		~ 🔾
RenewEmpanelment								0.00 0.00			
	Do you want Remarks Referal/Updation										
	CPT(Yes/No)?										
		No file chosen Upload F	ile								
	Chicago reports	J									
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1											