

 ID Details

Patient ID Type

- ☐ UB No
- ☒ Emirates ID
- ☐ GDRFA ID

784-1993-4357848-2

 Search

Clear

 Member Information

Name

Wafae Tadmamti

Group Name

Palazzo Versace Hotel L.L.C

UB No

LL421393

DOB

21-Apr-1993

EID

784-1993-4357848-2

Gender

FEMALE

DHA Member ID

I038-037-117930092-01

Category

Normal

 Policy Information

Payer

NATIONAL GENERAL INSURANCE CO (P.J.S.C)

TPA

KHAT AL HAYA Management of Health Insurance Claims LLC

Period

01-Aug-2023 to 31-Jul-2024

Network

Lifeline Pearl Network

Policy no

P/17/2023/000020

Direct SP Access

SP Direct Access

IP/OP Status

IP not Covered

Co-Ins

| CONSULTATION                   | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP  | MATERNITY     | DENTAL                                                                      |
|--------------------------------|---------------|--------|----------|-----|---------------|-----------------------------------------------------------------------------|
| 20% (Max AED: 25/-) Co-payment | Nil           | Nil    | Nil      | Nil | 10% copayment | Excluded, except in case of medical emergencies subject to 20% Co-insurance |
| Remarks                        |               |        |          |     |               |                                                                             |

 Activity Information

Benifit Group

Select Doctor

Q

Handling Type

Out patient

Specialization

Phone No

971-50-8330186

Please Enter Phone Number in Format 971-5X-XXXXXXX

Add Diagnosis

Q

Type

select

Add

| Diagnosis | Code | Type | Action |
|-----------|------|------|--------|
|-----------|------|------|--------|

Add Service

Q

Add

| Service | Quantity | Rate | Co-Ins | Net Req Amount | Action |
|---------|----------|------|--------|----------------|--------|
|---------|----------|------|--------|----------------|--------|

Total

Add Medicine

Q

Add

| sl | Medicine | Billed Rate | Quantity | Bill Amount | Co Ins % | Co Ins Amt | Net Req Amount | Medicine Details | Remarks | Action |
|----|----------|-------------|----------|-------------|----------|------------|----------------|------------------|---------|--------|
|----|----------|-------------|----------|-------------|----------|------------|----------------|------------------|---------|--------|

Total

Add Documents

📎 Attach document(s)

| Sl | File caption |
|----|--------------|
|----|--------------|

Provider remarks

Submit Request