

Filter		. н	lome								
<b>Claims</b>											
Member Eligibility Che		Patient Information									
J	Insurance Company					AL SAG	AL SAGR NATIONAL INSURANCE CO. (PSC)				
Claim Form	Member ID-CardNo					I011-0	I011-010-118531280-02				
	Member Name					HOUSS	HOUSSAM				
Referral	DOB/Gender					03 May	03 May 1999 / Male				
	Nationality					MOROC	MOROCCO				
Encounter (Clir	Valid Till					08 Jun	08 Jun 2023 to 07 Jun 2024				
		Status					MEMBER	MEMBER IS ELIGIBLE IN YOUR FACILITY FOR			
Remittance Advice		Emirates ID					784-19	784-1999-4847850-0			
Download CPT's		Claim Type New Vi					√isit <b>⊙</b> Follo	sit Follow Up Selec			
		Emirates ID *							Emirates ID, N	lot ava	
Formulary		Patient Contact No *							Temp *		
		Duration of illness *					Day	Day(s) BPS/B			
Add Doctor		Pulse *							Claim/Inv.No	0	
		1 disc ·					/min		Claim/mv.tv		
Provider Details		SI# Encounter Type									
		No Bed + No emergency room									
Change Password	vord	Sl# Type			Code Di		Diagnosis Descrip	otion			
		1 Principal			<b>~</b>						
RenewEmpan	elment	S1#	Sl# Type Code			Name					
		1	CPT	<b>~</b>							
		Do you want Remarks Referal/Updation				arks					
		CPT(Yes/No)?									
		Upload Reports			Choose File No file chosen			sen	Upload File		
4	<b>•</b>	4									