

Filter		Н	ome								
Claims											
Member Eligibility Che								Patie	ent Info	rmation	
		Insurance Company					AL SAGR NATIONAL INSURANCE CO.				
Claim Form		Member ID-CardNo					I011-010-118984986-02				
		Member Name					Martin Kuria				
Referral	DOB/Gender					10 Oct 1990 / Male					
	Nationality					KENYA					
Encounter (Clini	Valid Till					08 Jun 2023 to 07 Jun 2024					
Remittance Advice		Status					MEMBER IS ELIGIBLE IN YOUR FACILIT'				
		Emirates ID					784-1990-4064653-3				
Download CPT's		Claim Type N				New Vi	ew Visit				
		Emirates ID *				072024			コ	Emirates ID	
Formulary		Patient Contact No *							\exists	Temp *	
		Duration of illness *				Day(s)				BPS/BPD	
Add Doctor											
		Pulse *					/mir	ı		Claim/Inv.	
Provider Details		Sl# Encounter Type									
		1 No Bed + No emergency room									
Change Passwo	ord	S1#	Туре		Code)		Diagnosis De	escription	1	
		1	Principal	~	·						
RenewEmpanelmen		S1#	Туре	Code		Name					
		1	CPT ✓								
		Do you want Remarks Referal/Updation									
			Yes/No)?								
	Upload Reports			Choose File No file chosen				Upload File			
4		4									