## ID Details

## Member Information

**Name**

**Abu Sufyan Muhammad Azam**

**Group Name**

Zone Auto Care

**UB No**

LL558687

**DOB**

15-Jun-1998

**EID**

784-1998-2281409-3

**Gender**

MALE

**DHA Member ID**

I007-037-120024411-01

**Category**

Normal

## Policy Information

**Payer**

Dubai National Insurance & Reinsurance P.S.C

**TPA**

KHAT AL HAYA Management of Health Insurance Claims LLC

**Period**

**06-May-2024 to 05-May-2025**

**Network**

**Lifeline Pearl - EBP**

**Policy no**

09/954/2024/189/LLT/A

**Direct SP Access**

GP Referral Mandatory

**Policy Jurisdiction**

DHA

**IP/OP Status**

IP not Covered

**Co-Ins**

| CONSULTATION | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP | MATERNITY | DENTAL |
|---|---|---|---|---|---|---|
| 20% Co-payment | 20% Co-payment | 20% Co-payment | 30% Co-payment | 20% Co-payment with a cap of 500 AED per encounter | 10% Co-payment | Excluded, except in case of medical emergencies subject to 20% Co-insurance |

## Activity Information

**Benifit Group**

**Select Doctor**

**Handling Type**

Out patient

**Specialization**

Phone No

971-52-1129125

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

Add Diagnosis

Type

select

Add

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

Add Service

Add

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

Total

Add Medicine

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