ID Details

Patient ID Type

○ UB No ◉ Emirates ID ○ GDRFA ID

784-1966-4219843-4

Search Clear

Member Information

Name

Rajamani Chellayan Chellayan

Group Name

Mercure Hotel Suites & Apartments FZ-LLC

UB No

LL523867

DOB

06-Jun-1966

EID

784-1966-4219843-4

Gender

MALE

DHA Member ID

I007-037-113383351-01

Category

Normal

Policy Information

Payer

Dubai National Insurance & Reinsurance P.S.C

TPA

KHAT AL HAYA Management of Health Insurance Claims LLC

Period

13-Jan-2024 to 12-Jan-2025

Network

Lifeline Pearl Network

Policy no

09/954/2024/14/LLT

Direct SP Access

SP Direct Access

Policy Jurisdiction

DHA

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% 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

971-55-6895440

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