

 ID Details

Patient ID Type

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

784-2000-7343439-9

 Search

Clear

 Member Information

Name

Ridoy Hossen Md Oliar Rahman

Group Name

Elite Zone Delivery Services

UB No

LL559873

DOB

15-May-2000

EID

784-2000-7343439-9

Gender

MALE

DHA Member ID

I007-037-118067251-01

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 Network zone

Policy no

09/954/2024/189/LLT/B

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

Q

Handling Type

Out patient

Specialization

Phone No

971-52-1129125

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)

| SI | File caption |
|----|--------------|
|----|--------------|

Provider remarks

⧏

Submit Request