ID Details <u></u>2=

Patient ID Type

O UB No

Emirates ID

Clear

O GDRFA ID

784-1990-5738147-9

QSearch

Member Information

Name

Adeel Ashraf

Group Name

Mercure Hotel Suites & Apartments FZ-LLC

UB No

LL524084

DOB

03-Sep-1990

EID

784-1990-5738147-9

Gender

MALE

DHA Member ID

1007-037-119910860-01

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 |



| Select Doctor | | | | | | | |
|--|------------------|---------------|-------------|----------------|------------------|---------|--------|
| | | | | | | | Q |
| Handling Type | | | | | | | |
| Out patient | | | | | | | |
| Specialization | | | | | | | |
| | | | | | | | |
| Phone No | | | | | | | |
| 971-54-3702807 | | | | | | | |
| Please Enter Phone Number in Format 97 | 71-5X-XXXXXXX | | | | | | |
| Add Diagnosis | | | | | | | |
| | | | | | | | Q |
| Туре | | | | | | | |
| select | | | | | | | |
| | | | | | | | |
| Add | | | | | | | |
| Diagnosis | Code | | Туре | | Action | | |
| Add Service | | | -7/ | | | | |
| Add Service | | | | | | | |
| | | | | | | | Q |
| Add | | | | | | | |
| Service | Quantity | Rate | Co-Ins | | Net Req Amount | Action | |
| | | | | | | | |
| | | | | | | | Total |
| | | | | | | | |
| Add Medicine | | | | | | | |
| | | | | | | | Q |
| A d d | | | | | | | , |
| Add | | | | | | | |
| sl Medicine Billed Rate | Quantity Bill Am | ount Co Ins % | Co Ins Amt | Net Req Amount | Medicine Details | Remarks | Action |
| | | | | | | | |
| | | | | | | | Total |
| | | | | | | | |
| Add Documents | | | | | | | |
| | | | | | | | |
| CI. | File continu | | | | | | |
| SI | File caption | | | | | | |
| Provider remarks | | | | | | | |
| | | | | | | | |
| | | | | | | | // |
| | | _ : | nit Request | | | | |