9/20/24, 2:28 PM

Claim for Clinic

		Cancel Save	Out Pa	tient 🗸	I019-010-119	871066	-01 S€	earch
	Patient Informa	tion						
Insurance Company	Qatar Insurance Company (Plan Name: Dha Enhanced)							
Member ID- CardNo	I019-010-119871066-01		Policy Deductibl Benefit&Covera	Deau	Deductible Diagnostic &		nt(%)	_
Member Name	Bodh Bahadur			Servi	Treatment Services For Dental & Gum		0.00	
DOB/Gendei	r 27 Oct 2000 / Male			Gp	ai & Guiii	50.00	20.00	
Nationality	NEPAL			-	aternity	0.00	10.00	
Valid Till	08 Jun 2024 to 07 Jun 2025			Heari Aids	ng & Vision	0.00	0.00	
Status	MEMBER IS ELIC FACILITY FOR M SERVICES			Innat	ient			T
Emirates ID	784-2000-7423	L456-8						
Claim Type New Visit ● Follow Up ○ Select Claim Catagory Complaints * Emirates ID * Emirates ID, Not available? select re ▼ Symptoms *								
Patient Contact No * Duration of illness * Pulse *	Day(s)	Temp * BPS/BPD Claim/Inv		°F mmHg	Allergi Any) Sign	_		
Sl# Encounter Type	Encounter Start	Encounter End	Start Date	Start Time	End Date	e Ei	nd Time	е
1 No Bec ➤	Elective ~	Discharged with ap ✔	20/09/2024	12:56	20/09/20	24 12	2:56	
SI# Type Code Diagnosis Description 1 Princ ✓ □ □ □								
Sl# Type	Code Nar	neQty Gross.Amt	Pt.Share Start	Clinic	ian			
1 CPT	~	1 🗸		024 Select		~	0	
Do you want Referal/Updation CPT(Yes/No)?			0.00					
Reports	ose File No file chos	en Upload File	J					