### Ջ= **ID** Details

Patient ID Type

O UB No

Emirates ID

O GDRFA ID

784-2000-3332720-4

QSearch

Clear

## Member Information

Name

### Babu Rajan Shaik Sajan

**Group Name** 

Mercure Hotel Suites & Apartments FZ-LLC

UB No

LW703646

DOB

10-Jan-2000

**EID** 

784-2000-3332720-4

Gender

MALE

**DHA Member ID** 

1007-037-121597320-01

Category

W Period

# **Policy Information**

Payer

Dubai National Insurance & Reinsurance P.S.C

**TPA** 

KHAT AL HAYA Management of Health Insurance Claims LLC

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/-) Copayment	Nil	Nil	Nil	Nil	10% Co- payment	Excluded, except in case of medical emergencies subject to 20% Co-insurance



# 

T. Control of the Con								
Select Doctor								
								Q
Handling Type								
Out patient								
Specialization								
Phone No								
000000000								
Please Enter Phone Number in Format 9 Add Diagnosis	971-5X-XXXXXXX							
Add Diagnosis								
Туре								Q
select								
Select								
Add								
Diagnosis		Code		Туре		Action		
Add Service								
								Q
Add								
Service	Quantity	F	late	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								
Add Documents								
Add Documents  © Attach document(s)								
	File caption							
	File caption							
	File caption							
⊗ Attach document(s)	File caption			it Request				