



Filter..

**Claims**

Member Eligibility

Prior Request

Referral

Encounters

Downloads

Formulary

Add Doctor

Bank Information

Change Password

[Home](#)**CardID**

Can

I019-010-117911062-01

Patient Information

Insurance Company	Qatar Insurance Company (Plan Name: Dha Enhanced)
Member ID-CardNo	I019-010-117911062-01
Member Name	Robert
DOB/Gender	06 Apr 1994 / Male
Nationality	UGANDA
Valid Till	08 Jun 2024 to 07 Jun 2025
Status	MEMBER IS ELIGIBLE IN YOUR FACILITY FOR MEDICAL SERVICES
Emirates ID	784-1994-9639057-8

Claim Type

New Visit ☒ Follow Up ☐

Select Claim Catagor

Emirates ID *

Emirates ID, Not available? select

Patient Contact No *

Temp *

Duration of illness *

Day(s)



BPS/BPD *

Pulse *

Claim/Inv No