CardID		Cancel Save	Out Patie	ent 🗸	I019-010-11	7284788	-01 S	earch
I019-010-117284	:788-01 Patient Informa							
Insurance Company	Qatar Insuranc (Plan Name: Dl	e Company						
Member ID- CardNo	1019-010-1172	•	Policy Deductible Benefit&Coverag	De	ductible	Amoun	t(%)	
Member Name	Letizia			Sei	eatment rvices For ntal & Gum	0.00	0.00	
DOB/Gender	3/Gender 12 Jul 2000 / Fem			Gp		50.00	20.00)
Nationality	ITALY			Gp	Maternity	0.00	10.00	-
Valid Till	08 Jun 2024 to	07 Jun 2025		He Aid	aring & Vision	0.00	0.00	
Status	MEMBER IS ELIG FACILITY FOR M SERVICES				natient		 	•
Emirates ID	784-2000-3551	.349-6						
Claim Type Ne	ew Visit Follow U	p O Se	elect Claim Cata	gory	Compl	aints *		
Emirates ID		Emirates II	D, Not available? se	lect r. 🗸	7	Г		
Patient —			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		[⊥] Sympt			
Contact No *		Temp *		°F	Allergi	ies(If		
Duration of	Day(s)	BPS/BPD) *	mmHg	Any)	[
illness * Pulse *		 Claim/Inv			Sign	Ĺ		
	/min							
Sl# Type Encounter E1	ncounter Start	Encounter End	Start Date S	Start Tir	ne End Dat	e E	nd Tim	ie
1 No Be ✔ E	lective ~	Discharged with aր ✔	24/01/2025	16:45	24/01/20	25 1	6:45	
S1# Type Code 1 Prin ✔	e Diagnosis Desci	iption						
Sl# Type	Code Nar	neQty Gross.Amt	Pt.Share Start	_	ician			
1 CPT ✓	,	1 🗸	24/01/20	25 Sele	ect	~	0	
	Dama	0.00	0.00					
☐Do you want Referal/Updation CPT(Yes/No)?	Rema 1	rks						
Upload Choc	se File No file chose	an I Inload File	1					

Upload File

Reports

Choose File No file chosen