CardID		Cancel	Save	Out Pa	itient 🔊	✓ 1019	-010-12	1525242	-01 S€	earch
I019-010-121525										
Insurance										
Insurance Qatar Insurance Company Company (Plan Name: Dha Enhanced)					_					
Member ID- CardNo	I019-010-121525242-01			Policy Deductib Benefit&Covera		Gp Mater	nity	0.00	10.00	•
Member Name	Sai					Hearing 8 Aids Inpatient			0.00	
	ender 30 Apr 2003 / Male					Maternity		0.00	10.00	
Nationality	-					Lab Medicine		0.00	0.00	
Valid Till	07 Oct 2024 to 07 Jun 2025					Op Ante-Natal			$\overline{}$	
MEMBER IS EL		GIBLE IN YOUR				Services		0.00	10.00	•
Status	FACILITY FOR MEDICAL SERVICES				_			-		
Emirates ID	111-1111-1111	111-1								
Claim Type Ne	w Visit © Follow U	ect Claim Cat	agory	,	Compl	aints *				
Emirates ID			Emirates ID	, Not available?	select r	~	•			
Patient	Symptoms *									
Contact No * Temp *								ies(If		
Duration of illness *	Day(s)	✓ I	BPS/BPD	*	m	mHg	Any) Sign	Ī		
Pulse *	/min	No			Sign	L				
Sl# Encounter En	Encounter Encounter Start En		Encounter End		Start	Time I	End Date		End Time	
	lective V Discharged with a V			27/01/2025 21:13			27/01/2025 21:13			
S1# Type Code Diagnosis Description										
1 Prin 🗸		1								
Sl# Type	Code Nan	neQty Gr	coss.AmtP	t.Share Start		Clinician			Т	
1 CPT ✓		1 🗸		27/01/2	2025	Select		~	0	
			0.00	0.00						
Do you want Referal/Updation CPT(Yes/No)?	Rema 1	rks								
Upload	se File No file chose	n Hali	oad File							

Upload File

Reports

Choose File No file chosen