#### Ջ= **ID** Details

Patient ID Type

O UB No

Emirates ID

O GDRFA ID

784-2001-2626439-7

QSearch

## Member Information

Clear

### Name

### Suleman Mushtaq Mushtaq Ahmad

**Group Name** 

Styla Sewa Delivery Services L.L.C

**UB No** 

LW671282

DOB

15-Apr-2001

EID

784-2001-2626439-7

Gender

MALE

**DHA Member ID** 

1038-037-119860822-01

Category

W Period

# **Policy Information**

Payer

NATIONAL GENERAL INSURANCE CO (P.J.S.C)

TPA

KHAT AL HAYA Management of Health Insurance Claims LLC

Period

23-Sep-2024 to 22-Sep-2025

Network

**Lifeline Pearl - EBP** 

Policy no

P/05/2024/001029

**Direct SP Access** 

**GP Referral Mandatory** 

**Policy Jurisdiction** 

DHA

**IP/OP Status** 

IP not Covered

Co-Ins

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% Co- payment	20% Co-Payment	20% Co- Payment	30% Co- Payment	20% Co-payment with a cap of 500 AED per encounter	10% Co- payment	Excluded, except in case of medical emergencies subject to 20% Co-insurance



### **Activity Information**

Select Doctor							
Select Ductoi							
							Q
Handling Type							
Out patient							
Specialization							
Phone No							
971-56-9907218							
Please Enter Phone Number in Format 97	1-5X-XXXXXXX						
Add Diagnosis							
Tuno							Q
Type							
select							
Add							
Diagnosis	Co	de	Туре		Action		
Add Service							
							Q
Add							
Service	Quantity	Rate	Co-Ins		Net Req Amount	Action	
							Total
							Total
Add Medicine							Total
Add Medicine							
							Total
Add							Q
	Quantity Bill A	umount Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Remarks	
Add	Quantity Bill A	mount Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Remarks	Action
Add	Quantity Bill A	mount Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Remarks	Q
sl Medicine Billed Rate	Quantity Bill A	amount Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Remarks	Action
sl Medicine Billed Rate  Add Documents	Quantity Bill A	mount Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Remarks	Action
sl Medicine Billed Rate	Quantity Bill A	amount Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Remarks	Action
sl Medicine Billed Rate  Add Documents	Quantity Bill A	mount Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Remarks	Action
Add  sl Medicine Billed Rate  Add Documents  Attach document(s)		mount Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Remarks	Action
Add  sl Medicine Billed Rate  Add Documents  Attach document(s)		mount Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Remarks	Action
Add  sl Medicine Billed Rate  Add Documents  Attach document(s)		mount Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Remarks	Action