<u></u>2= **ID** Details

Patient ID Type

O UB No

Emirates ID

O GDRFA ID

784-1989-5268530-7

QSearch

Clear

Member Information

Name

Muhammad Jahangeer Muhammad Hussain Sabir

Group Name

Fast Riders Delivery Services L.L.C

UB No

LL504163

DOB

14-Sep-1989

EID

784-1989-5268530-7

Gender

MALE

DHA Member ID

1011-037-119625155-01

Category

Normal

Policy Information

Payer

Al Sagr National Insurance Co. (PSC)

TPA

KHAT AL HAYA Management of Health Insurance Claims LLC

Period

27-Nov-2023 to 26-Nov-2024

Network

Lifeline Pearl - EBP

Policy no

AH595823005850

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



Action Total Medicine Me										
Indigraphy Representation Service Service Quantity Rate Co-les Net Req Amount Action Add Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Ant Net Req Amount Medicine Details Remarks Action Total Occuments **Attach documents**	Select Doctor									
Ant percent decidization Sine No										Q
Action Add Medicine Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Tota Action Tota Action Tota Action Tota T	Handling Type									
ase Enter Phone Number in Format 971-5X-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Out patient									
77-50-00000000 asse Enter Phone Number in Format 971-5X X0000000X 4D Regnosis 2	Specialization									
77-50-00000000 asse Enter Phone Number in Format 971-5X X0000000X 4D Regnosis 2										
add Diagnosis Code Type Action Add Service Add Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Diagnosis File caption File caption	Phone No									
do Diagnosis ce elect dd Diagnosis Code Type Action Add Service Quantity Rate Co-Ins Net Req Amount Action Total Medicine Add Indicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Add Indicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action	971-50-0000000									
per elect Add Jagnosis Code Type Action Gervice Quantity Rate Co-Ins Net Req Amount Action Total Medicine Add Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Documents Attach document(s) File caption File caption File caption	Please Enter Phone Numbe	r in Format 971-	5X-XXXXXXX							
re elect Action Add Add Add Add Add Add Add A	Add Diagnosis									
Diagnosis Code Type Action di Service Add Add Gervice Quantity Rate Co-ins Net Req Amount Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Documents Attach document(s) File caption										Q
Diagnosis Code Type Action d Service Add iervice Quantity Rate Co-Ins Net Req Amount Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Documents Attach document(s) Si File caption vider remarks	Туре									
Diagnosis Code Type Action d Service Quantity Rate Co-Ins Net Req Amount Action Total Medicine Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Documents Attach document(s) File caption Vider remarks	select									
Diagnosis Code Type Action d Service Quantity Rate Co-Ins Net Req Amount Action Total Medicine Add Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Code Type Action Total Co										
Add Service Quantity Rate Co-Ins Net Req Amount Action Total Medicine Add Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Documents Attach document(s) Si File caption	Add									
Add Service Quantity Rate Co-Ins Net Req Amount Action Total Medicine Add Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Documents Attach document(s) File caption wider remarks	Diagnosis			Codo		Typo		Action		
Add Gervice Quantity Rate Co-Ins Net Req Amount Action Total Medicine Add Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action				Code		туре		Action		
Add Gervice Quantity Rate Co-Ins Net Req Amount Action Total distriction of Medicine Add Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total distriction of Documents Attach document(s) File caption	Add Service									
Gervice Quantity Rate Co-Ins Net Req Amount Action Total Medicine Add Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Documents Attach document(s) File caption Solvider remarks										Q
d Medicine Add I Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total d Documents Attach document(s) File caption voider remarks	Add									
d Medicine Add Is Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Total	Service		Quantity		Rate	Co-Ins		Net Reg Amount	Action	
Add Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total Attach document(s) File caption	Scrivice		Quantity		Nate	CO IIIS		Tree neg Amount	Action	
Add Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Total d Documents Attach document(s) File caption										
Add Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Tot d Documents Attach document(s) File caption										lot
Add Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Tot d Documents Attach document(s) File caption	A d d NA - d' d									
Add Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Tot d Documents Attach document(s) File caption vider remarks	Add Medicine									
Medicine Billed Rate Quantity Bill Amount Co Ins % Co Ins Amt Net Req Amount Medicine Details Remarks Action Tot d Documents Attach document(s) File caption wider remarks										Q
Total d Documents	Add									
d Documents Attach document(s) File caption ovider remarks	sl Medicine E	Billed Rate	Quantity	Bill Amount	Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Remarks	Action
d Documents Attach document(s) File caption ovider remarks										
d Documents Attach document(s) File caption ovider remarks										Tot
Attach document(s) File caption ovider remarks										
Attach document(s) File caption ovider remarks	Add Documents									
File caption ovider remarks										
ovider remarks	Attach document(s)									
	SI		File caption							
Submit Request	Provider remarks									
Submit Request										
Submit Request										,
Submit request					Subm	nit Request				

Provider: (Peshawar Medical Centre - Dubai)