

HEALTHCARE MANAGEMENT



Al Madallah Card



Almadallah Healthcare Management has a strong medical background team, supporting members and







Welcome

Select Language

English

عربي





Name

Password • • • • • • • •

Remember me

Forgot Password?

Log in

Not Registered with us? Register Now

Contact Call Centre



Dashboard

Hello, **John Doe**





Member Utilization



Member Details



Provider Search



Al Madallah Card



Submit Claims



Track Claims



Settings



Contact Us





Reset password

Email Address

Username here

Submit

Al Madallah Card

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1	adallah	care Management
(,	alm	Health

Payer:	Rak Insurance	Policy No:	IF1001EA
Name:	Sheikh Ali Khan	Category:	Category A
DOB:	01-Jan-1993	Network:	+N9
Card No :	1267256	Effective	01-Jan-2021
Emirates ID	784199300000006	Expiry Date:	31-May-2021

Employee Id: ACT-EID003

Ioli Free Number: 800 43444



Member Details

Card No	Member Name	Policy No	
1267256	Sheikh Ali Khan	IF1001EA	Q



Member Details

Employee ID ACT-EID003

Card No 1267256

Policy No IF1001EA

Name in English Sheikh Ali Khan

Name in Arabic Sheikh Ali Khan

Gender Male

Relationship Employee

Date of birth 01-Jan-1993

Member ID 367658



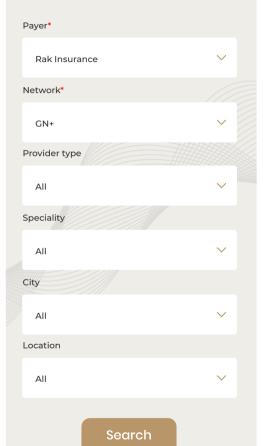
Member Utilizations

Select Member

Sheikh Ali Khan



Provider Search





Our Healthcare Providers

Locations

O Abu Dhabi Knee & Sports Medicine Centre

Abu Dhabi, Electra

02-6317774/4929572

Abu Dhabi Knee & Sports Medicine Centre

Abu Dhabi, Flectra

02-6317774/4929572

O Abu Dhabi Knee & Sports

Medicine Centre

Abu Dhabi, Electra

02-6317774/4929572

Abu Dhabi Knee & Sports Medicine Centre

Abu Dhabi, Electra

02-6317774/4929572

O Abu Dhabi Knee & Sports

Medicine Centre
Abu Dhabi, Flectra

02-6317774/4929572

Abu Dhabi Knee & Sports Medicine Centre

Abu Dhabi, Electra

02-6317774/4929572



Our Healthcare Providers

Locations





ا Hudayriat Island الحديريات

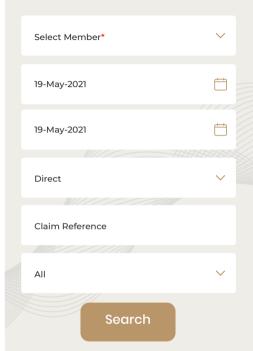








Track Claims





Submit Claims

Payer*	
Select Member	~
Service Date*	
19-May-2021	
Submission Claim Ref (If Resub only)	
Claimed Cost*	
Currency	
UAE Dirham	~
Mandatory Documents	
Reimbursement claim form (filled, sig stamped by the treating physician)	ned and
Medical/ Surgical/ Discharge Summar any	y reports if
Laboratory and investigation reports	
Prescription and Invoice	
Claim translated in English or Arabic	



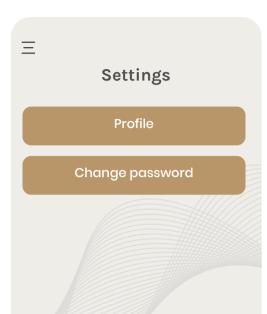
Submit Claims

Claim Attachment*		
Choose file		
Optional Attachment 1*		
Choose file		
Optional Attachment 2*		
Choose file		
Optional Attachment 3*		
Choose file		
Payment Type*		
Bank Transfer	~	
Bank Account		
Add new	~	
Bank		
Select	~	



Submit Claims

Bank Swift Code	
Bank Account Name	
Bank Account IBAN	
Set as default bank account	
Submit	





Profile

Name

Sheikh Ali Khan

Email Address

mailaddress@domain.ae

Mobile Number

123456789

Update



Change password

New Password

Confirm Password

Submit



Contact Us

Al Madallah Healthcare Management FZ Co

PO Box 478803 7th Floor, Lynx Tower Dubai Silicon Oasis Dubai, UAE.

Email

network@almadallah.ae accounts@almadallah.ae

For Administrative issues

Tel: 043074111 Fax: 04 3330340

For Claims & Reimbursements

Tel: 04 3074222

Email: claims@almadallah.ae

For Careers

Email: jobs@almadallah.ae

Toll Free Number

800 43444



Send us a message

Contact Reason*	
Sheikh Ali Khan	~
Your Name	
Where do we email you?*	
Have a phone number?*	
What's on your mind?*	
Send	