



ALMADALLAH

HEALTHCARE MANAGEMENT



Al Madallah Card



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



SKIP



ALMADALLAH
HEALTHCARE MANAGEMENT



Welcome

Select Language

English

عربي



Name

Password



Remember me

[Forgot Password?](#)

Log in

[Not Registered with us? Register Now](#)

[Contact Call Centre](#)



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




Payer :	Rak Insurance	Policy No :	IF1001EA
Name :	Sheikh Ali Khan	Category :	Category A
DOB :	01-Jan-1993	Network :	GN+
Card No :	1267256	Effective	01-Jan-2021
Emirates ID	7841993000000006	Expiry Date :	31-May-2021
Employee Id :	ACT-EID003		

Note: Pre-approval required for: Dental, Maternity, Optical, Inpatient & Hearing Aids

Toll Free Number: 800 43444



Member Details

Card No	Member Name	Policy No	
1267256	Sheikh Ali Khan	IF1001EA	



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 Details



Member Utilizations

Select Member

Sheikh Ali Khan





Provider Search

Payer*

Rak Insurance



Network*

GN+



Provider type

All



Speciality

All



City

All



Location

All



Search



Our Healthcare Providers

Locations



**Abu Dhabi Knee & Sports
Medicine Centre**



Abu Dhabi, Electra

02-6317774/4929572



**Abu Dhabi Knee & Sports
Medicine Centre**



Abu Dhabi, Electra

02-6317774/4929572



**Abu Dhabi Knee & Sports
Medicine Centre**



Abu Dhabi, Electra

02-6317774/4929572



**Abu Dhabi Knee & Sports
Medicine Centre**



Abu Dhabi, Electra

02-6317774/4929572



**Abu Dhabi Knee & Sports
Medicine Centre**



Abu Dhabi, Electra

02-6317774/4929572



**Abu Dhabi Knee & Sports
Medicine Centre**



Abu Dhabi, Electra

02-6317774/4929572



Our Healthcare Providers

Locations





Track Claims

Select Member*



19-May-2021



19-May-2021



Direct



Claim Reference

All



Search



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, signed and stamped by the treating physician)
- ◆ Medical/ Surgical/ Discharge Summary reports if any
- ◆ 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



Settings

Profile

Change password



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