

# In-Patient Claim # 24J477

Insurer Name: ALIG Lebanon

**Patient Name:** fADI (0 yrs)

**Policy Holder:** fADI

**Provider Name:** ACES Pharmacy

**Family of Benefits:** Prescribed Medicines

**Admission Date:** 2025-01-09

**Approved Length of Stay:**

**Card No:** 8490-4102-9380-6035 ()

**Policy No:** 797 (797)

**Physician:** Nabih Aljokhdar

**Admission Motive:**

**Estimation Cost:** LL Lebanese (Ministry Rate)

**ICD:**

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ICD-9:

**Coverage Details & Notes:**

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Admission Class: Class A  
Approved Procedure/Treatment:  
Remarks: