

# In-Patient Claim # 24J477

Insurer Name: ALIG Lebanon

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

**Policy Holder:** NABIL

**Provider Name:** Hotel Dieu de france - HDF

**Family of Benefits:** In-Patient

**Admission Date:** 2025-01-29

**Approved Length of Stay:** 0

**Card No:** aa91-48ca-9d04-e6dd (825815)

**Policy No:** 2083 (2083)

**Physician:** ER Physician

**Admission Motive:** ER

**Estimation Cost:** \$ 200US Dollar

**ICD:**

---

ICD-9:

**Coverage Details & Notes:**

---

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