

HealthCare Management Information System

# Reimbursement Form

# How to file Reimbursement

- Click Reimbursement
- Redirect to Reimbursement Portal
- Click Add to New Transactions

Dasuraca Integrated HealthCare Management Information System

Home / Reimbursement /

Reimbursement **Add** ← CLICK

CLICK → Reimbursement Request

Show 10 entries

Reference No	Reference Date	Member Name
No data available in table		

Showing 0 to 0 of 0 entries

# Add Reimbursement

- Input All Details Needed

Home / Reimbursement / add

## REQUEST FOR REIMBURSEMENT

Reference Date:	<input type="text" value="10/10/2022"/>
Member Name:	<input type="text" value="HETROSA, MARK ANTHONY"/>
Type of Claim:	<input type="text" value="OUT-PATIENT"/>
Reason for Reimbursement:	<input type="text" value="Cash Basis"/>

- Click

# Add Reimbursement

- Notify Health Coordinate for the Filed Reimbursement or wait for the Approval to be print out

Home / Reimbursement /

## Reimbursement [Add](#)

Show 10 entries Search:

Reference No	Reference Date	Member Name	Type Of Claim	Reason	Status	Action
20220168	2022-10-10 00:00:00	HETROSA, MARK ANTHONY JORE	OUT-PATIENT	Cash Basis	For Approval	<a href="#">✎</a>

Showing 1 to 1 of 1 entries Previous **1** Next



# Add Reimbursement

- Once Approved you may now print or notify hospital

Home / Reimbursement /

## Reimbursement [Add](#)

Show  entries Search:

Reference No	Reference Date	Member Name	Type Of Claim	Reason	Status	Action
20220168	2022-10-10 00:00:00	HETROSA, MARK ANTHONY JORE	OUT-PATIENT	Cash Basis	Approved	 

Showing 1 to 1 of 1 entries Previous **1** Next

Print



DAVAO DEL SUR ELECTRIC COOPERATIVE, INC.

(DASURECO)

HealthCare Management Program

Brgy. Cogon, Digos City, Davao Del Sur, 8002

Contact Numbers: 272-7777

**Reimbursement Request Form**

Control No - 20220168

Date: 10/10/2022

Name of Patient: HETROSA, MARK ANTHONY

Principal Members Name: HETROSA MARK ANTHONY

Type of Claim: OUT-PATIENT

Reason for Reimbursement: Cash Basis