

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : CHARLENE RAMSAMY Service Date :06-May-2024 Network : Green
Card No : I022-029-118918862-01 Health Provider :Irham Medical Center Arjan Direct Access SP - YES
Policy Holder : CHARLENE RAMSAMY Doctor's Name :Humaira
Payer Name : TAKAFUL EMARAT
TPA : E CARE - Blue Network
Validity : 16-10-2023 To 15-10-2024
Gender : Female Remarks :
Date Of Birth : 30-Jul-1980
Patient's Tel No : 0557230485

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : follow up patco left ear pain pus in ear cough throat pain fever oe chest is clear noadded sounds pus is coming out though the ear co left ear pain pus in ear cough throat pain fever co left ear pain pus in ear cough throat pain fever co left ear pain pus in ear cough throat pain fever

Vitals:**Clinical Findings:**

Diagnosis: H66.92 - Otitis media, unspecified, left ear,R50.9 - Fever, unspecified,J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough, **Date of Onset** :06/40/2024

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,9.01, Follow Up Consultation **Estimated Cost** : GP,96374, THER/PROPH/DIAG INJ IV PUSH,96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN ,, SERVICE CHARGE 10

Prescriptions: **Estimated Cost** :

MEDICAL PRACTITIONER DECLARATION :

I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

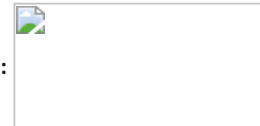
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Humaira

Stamp :

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor}



Date : 06-May-2024

Signature :

Date : 06-May-2024