Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **NADEEM AHMAD SALIM KHAN**	**Service Date**	:**10-May-2024**
Card No	: **I011-029-119557476-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **NADEEM AHMAD SALIM KHAN**	**Doctor's Name**	:**Humaira**
Payer Name	: **AL SAGR NATIONAL INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **19-06-2023** To **18-06-2024**		
Gender	: **Male**		
Date Of Birth	: **20-Feb-1983**		
Patient's Tel No	: **0554951623**		

Network : Green

Direct Access SP - YES

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 : co muscle pain whole back oe muscle streched chest is clear no addded sounds history of rod in his leg **Duration:**

Vitals: Temp : 36 Bp :146 Pulse :80 Resp :20

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension,M62.838 - Other muscle spasm,R52 - Pain, unspecified, **Date of Onset :**10/32/2024

Requested Investigations: 81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,80069, RENAL FUNCTION PANEL,9, Consultation GP **Estimated Cost :**

Prescriptions: 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,2093-596002-0432 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL,4417-711201-0451 - (IBUPROFEN (AS L-ARGININE SALT) : 600 MG) GRANULES, **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

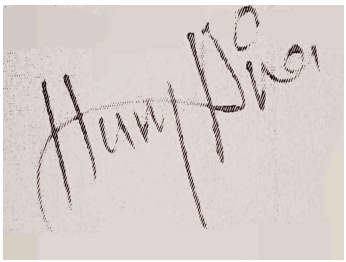
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 10-May-2024

Signature :



Date : 10-May-2024