

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MA RUBIETHA SOBERANO
Card No : I020-029-119436583-02
Policy Holder : MA RUBIETHA SOBERANO
Payer Name : AL-BUHAIRA NATIONAL INSURANCE COMPANY
TPA : E CARE - Blue Network
Validity : 01-02-2024 To 31-01-2025
Gender : Female
Date Of Birth : 01-Jan-1984
Patient's Tel No : 509412509

Service Date: 13-May-2024
Health Provider : Irham Medical Center Arjan
Doctor's Name : SANDIA
Co-Insurance :

Network : Green
Direct Access SP - YES

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

Remarks :

☐ Acute
 ☐ Pre-existing and chronic
 ☐ Maternity

Chief Complaints : also have blocked nose on exam chest is clear, pt have high triglyceride and lipids no diabetes normal gluucose pt co dizziness since 3 days can walk but when get up gets dizzy

Vitals: Temp : 37.4 Bp :133 Pulse :100 Resp :18

Clinical Findings:

Diagnosis: H81.13 - Benign paroxysmal vertigo, bilateral, R09.81 - Nasal congestion, E78.5 - Hyperlipidemia, unspecified, R42 - Dizziness and giddiness,

Date of Onset : 13/48/2024

Requested Investigations: 9, Consultation GP, 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT, 80061, LIPID PANEL

Estimated Cost :

Prescriptions: 1291-380701-1171 - (BETAHISTINE HCL : 16 MG) TABLETS, 1360-392402-1072 - (ECTOIN : 1 G/100ML) SPRAY, 3114-386002-0391 - (ATORVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS,

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 :

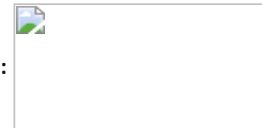
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : SANDIA

Stamp :



Patient's signature {Parent : if minor}



Date : 13-May-2024

Signature :

Date : 13-May-2024