Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: MA RUBIETHA SOBERANO ALPES**
Card No	**: I020-029-119436583-02**
Policy Holder	**: MA RUBIETHA SOBERANO ALPES**
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 **Network** : Green

Health Provider **:Irham Medical Center Arjan** **Direct Access SP - YES**

Doctor's Name **:SANDIA**

Co-Insurance :

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 gulucose pt co dizziness since 3 days can walk but when get up gets dizzy **Duration:**

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 :**

Dr. Sandia Bhojwani
General Practitioner
DHA No: 65900212-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date :** 13-May-2024

Signature :  **Date** : 13-May-2024