Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MUHAMMAD BAHIR
Card No : I022-029-114042580-01
Policy Holder : MUHAMMAD BAHIR
Payer Name : TAKAFUL EMARAT
TPA : E CARE - Blue Network
Validity : 30-08-2023 To 29-08-2024
Gender : Male
Date Of Birth : 16-Jun-1990
Patient's Tel No : 765697144

Service Date :13-May-2024 **Network** : Green
Health Provider :Irham Medical Center Arjan **Direct Access SP - YES**
Doctor's Name :Humaira

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 : Pain in throat, nasal congestion and headache, and POLYURIA, POLYPHAGIA AND POLYDYPSIA. Also feels weak. Also has a history of hyperuricemia. and hypercholesterolemia.Runny nose, nasal congestion and fever. **Duration:**

Vitals: Temp : 37 Bp :128 Pulse :87 Resp :0

Clinical Findings:

Diagnosis: J00 - Acute nasopharyngitis [common cold],R05 - Cough,R50.9 - Fever, unspecified,R09.81 - Nasal congestion,R52 - Pain, unspecified, **Date of Onset** :13/05/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0095-238001-0171 - (DICLOFENAC ACID : 46.5MG) DISPERSIBLE TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,1111-183201-0391 - (FEXOFENADINE HCL : 120 MG) FILM COATED TABLETS,0097-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,1516-107902-1171 - (IBUPROFEN : 400 MG) 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 : Humaira

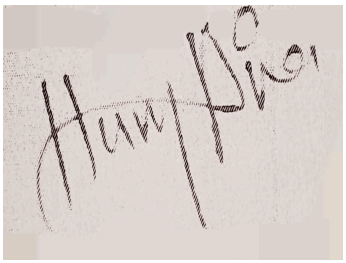
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 13-May-2024

Signature :



Date : 13-May-2024