Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: VISHAL KUMAR CHAUDHARY**
Card No	**: I011-029-119736610-01**
Policy Holder	**: VISHAL KUMAR CHAUDHARY**
Payer Name	**: AL SAGR NATIONAL INSURANCE COMPANY**
TPA	**: E CARE - Green Network**
Validity	**: 19-06-2023** To **18-06-2024**
Gender	**: Male**
Date Of Birth	**: 06-Aug-1993**
Patient's Tel No	**: 0523004789**

Service Date :19-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 : co fever bodyache thumb pain redness 5 days oe chest is clear no addded sounds muscle strain can move thumb properly **Duration:**

Vitals: Temp : 35.5 Bp :117 Pulse :58 Resp :18

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,M62.838 - Other muscle spasm,R52 - Pain, unspecified, **Date of Onset :**19/24/2024

Requested Investigations: 0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost :**

Prescriptions: 0207-142902-1451 - (CEFIXIME : 400 MG) CAPSULES (HARD GELATIN),2093-596002-0432 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL,1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,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

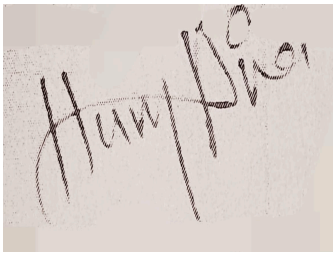
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 19-May-2024

Signature :



Date : 19-May-2024