Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **MD ABDUL BAREK HABIBULLAH**	**Service Date**	**:20-May-2024**
Card No	: **I005-029-115888458-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **MD ABDUL BAREK HABIBULLAH**	**Doctor's Name**	**:Humaira**
Payer Name	: **DUBAI INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **25-08-2023** To **24-08-2024**		
Gender	: **Male**		
Date Of Birth	: **02-Jan-1982**		
Patient's Tel No	: **0543787621**		

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 feeling cold lower abdominal pain red colour urine oe pain in lower lumber region chest is congested no addded sounds vitals stable **Duration:**

Vitals: Temp : 36.8 Bp :130 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: N39.0 - Urinary tract infection, site not specified,R10.30 - Lower abdominal pain, unspecified,R52 - Pain, unspecified, **Date of Onset** :20/41/2024

Requested Investigations: 85652, SEDIMENTATION RATE RBC AUTOMATED,86140, C REACTIVE PROTEIN,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0102-152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,96360, HYDRATION IV INFUSION INIT,9, Consultation GP **Estimated Cost** :

Prescriptions: 0097-658501-0251 - (TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES,2715-711201-0451 - (IBUPROFEN (AS L-ARGININE SALT) : 600 MG) GRANULES,0248-187801-1171 - (DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS,3114-482003-0391 - (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 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.

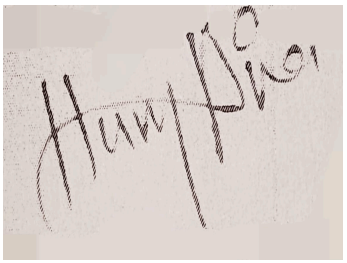
Dr's Name : Humaira

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 : 20-May-2024

Signature :  **Date :** 20-May-2024