Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **BALATHANDAYUTHAM CHANNASI CHANNASI**	**Service Date**	:**21-May-2024**	**Network**	: Green
Card No	: **I005-029-115888475-01**	**Health Provider**	:**Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **BALATHANDAYUTHAM CHANNASI CHANNASI**	**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	: **20-Aug-1973**				
Patient's Tel No	: **0504115394**				

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 : **Duration :**

Vitals:

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R11.10 - Vomiting, unspecified,R50.9 - Fever, unspecified,E86.0 - Dehydration,N39.0 - Urinary tract infection, site not specified, **Date of Onset** :21/59/2024

Requested Investigations: 0005-107704-0802, TRIAXONE I.V.,2190-106618-1001, PARAFUSIV,0005-150403-1021, PREMOSAN ,0005-242802-0781, PANTONIX 40MG I.V.,0102-111908-1001, SODIUM CHLORIDE B.P.,9, Consultation GP,96360, HYDRATION IV INFUSION INIT,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost** :

Prescriptions: **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.

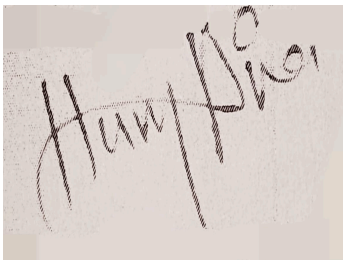
PATIENT'S DECLARATION :

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** : 21-May-2024

Signature :  **Date** : 21-May-2024