Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **AKASH RAJENDRAN RAJENDRAN**
Card No	: **I005-029-120621507-01**
Policy Holder	: **AKASH RAJENDRAN RAJENDRAN**
Payer Name	: **DUBAI INSURANCE COMPANY**
TPA	: **E CARE - Blue Network**
Validity	: **21-03-2024** To **24-08-2024**
Gender	: **Male**
Date Of Birth	: **28-Jun-2000**
Patient's Tel No	: **0562958953**

Service Date :**22-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 headache 2 days oe enlarge tonsills chest is clear no added sounds **Duration:**

Vitals: Temp : 38.9 Bp :130 Pulse :91 Resp :20

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,T07.XXXS - Unspecified multiple injuries, sequela,R52 - Pain, unspecified,J03.90 - Acute tonsillitis, unspecified, **Date of Onset** :22/16/2024

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-149902-1021, CLOFEN ,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,9.01, Follow Up Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV PUSH,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost** :

Prescriptions: 6445-533801-1561 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES, **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.

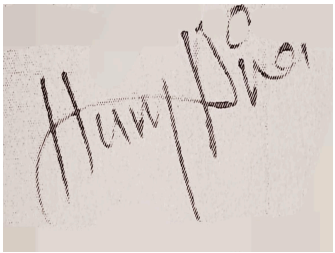
Dr's Name : Humaira

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 : 22-May-2024

Signature : 

Date : 22-May-2024