Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: NARESH UPPULITI**
Card No	**: I005-029-115888469-01**
Policy Holder	**: NARESH UPPULITI**
Payer Name	**: DUBAI INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 25-08-2023** To **24-08-2024**
Gender	**: Male**
Date Of Birth	**: 03-Jan-1989**
Patient's Tel No	**: 0563773955**

Service Date **:23-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 runnning nose cough dry 4 days oe chest is congested no addded sounds restlesss **Duration:**

Vitals: Temp : 36.8 Bp :137 Pulse :78 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R52 - Pain, unspecified,R50.9 - Fever, unspecified,R05 - Cough,J30.9 - Allergic rhinitis, unspecified, **Date of Onset** **:**23/35/2024

Requested Investigations: 86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,0195-107704-0801, CEFTRIAXONE-TABUK IV,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP **Estimated Cost** :

Prescriptions: 0097-393801-2471 - (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE),0005-107001-0052 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 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

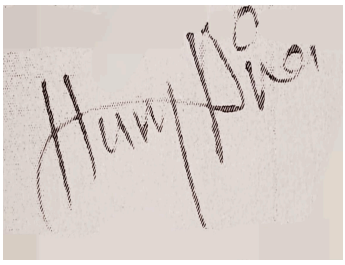
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 23-May-2024

Signature :



Date : 23-May-2024