Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **VELU CHAKKARAVARTHI CHAKKARAVARTHI**	**Service Date**	**:03-Jun-2024**
Card No	: **I005-029-115888485-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **VELU CHAKKARAVARTHI CHAKKARAVARTHI**	**Doctor's Name**	**:Humaira**
Payer Name	: **DUBAI INSURANCE COMPANY**	**TPA**	: **E CARE - Blue Network**
Validity	: **25-08-2023** To **24-08-2024**	**Gender**	: **Male**
Date Of Birth	: **30-May-1983**	**Patient's Tel No**	: **0545649461**

Network : Green

Direct Access SP - YES

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 index finger of the hand pain saccidently twisting 3 days before pain oe swellling and pain chest is clear no added sounds stable **Duration:**

Vitals: Temp : 36.9 Bp :100 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: M62.838 - Other muscle spasm,M79.10 - Myalgia, unspecified site, **Date of Onset** :03/32/2024

Requested Investigations: 9, Consultation GP,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM **Estimated Cost** :

Prescriptions: 2093-596002-0432 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL,1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,0027-142201-0832 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION, **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

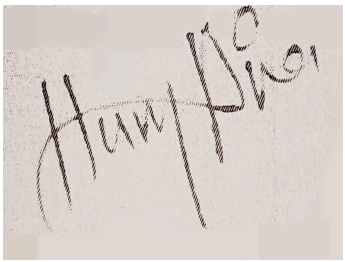
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 03-Jun-2024

Signature :



Date : 03-Jun-2024