Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: STEVEN BLAIR WATTS**
Card No	**: I005-029-120673897-01**
Policy Holder	**: STEVEN BLAIR WATTS**
Payer Name	**: DUBAI INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 29-05-2024** To **28-05-2025**
Gender	**: Male**
Date Of Birth	**: 14-Jan-1994**
Patient's Tel No	**: 0585093743**

Service Date **:13-Jun-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 mouth uclers beneath the tounge he poped up now there is an ulcer 3 days oe chest is clear no added sounds stable **Duration:**

Vitals: Temp : 36.8 Bp :110 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: K12.30 - Oral mucositis (ulcerative), unspecified,R52 - Pain, unspecified, **Date of Onset** **:**13/30/2024

Requested Investigations: 87801, STD 14 Panel (Real Time PCR)-Candida Albicans,Candida Glabrata,Candida Krusei, Chlamydia Trachomatis, Mycoplasma Genitalium,Trichomonas Vaginalis,Ureaplasma Parvum,Ureaplasma Urealyticum,Mycoplasma Hominis, HSV I&II, Treponema Pallidum, Gardnerella Vaginalis, Neisseria Gonorrhoeae,9, Consultation GP **Estimated Cost** :

Prescriptions: 0078-140201-1451 - (FLUCONAZOLE : 150 MG) CAPSULES (HARD GELATIN),0219-142902-1451 - CEFIXIME,0195-116604-0391 - (METRONIDAZOLE : 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

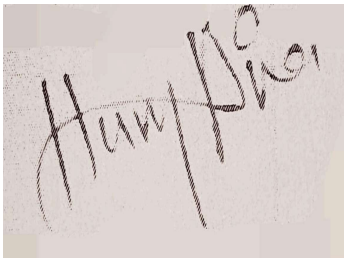
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 13-Jun-2024

Signature :



Date : 13-Jun-2024