Patient 35033 SYED TEHSEER SYED FIROZ 784-1992-9807931-2 Repeat 32
Male Indian S INAYAH TPA LLC - National Life And General Insurance - Default Scheme (99999)
Medical History (patient_history.aspx?patId=33853)
Billing History (patient_accounts.aspx?patId=33853)

Appointment Visit ID 55347 27-Nov-2024 Enomen Goodluck - General - DHA-P-28040827
MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 37°C, Pulse: 74bpm, BP: 110mmHg, Height: 177cm, Weight: 91.5kg, BMI 29.21(Obese), Blood Sugar

Scale, Diagnosis, Procedures, Progress Notes, Prescription(if needed) and Clinical summaries(Visit Sun

Start Time | Nurse Station | Doctor Evaluation | Orthopedic Case Assessment | Diagnosis
Treatments/Procedures | Packages | Prescription | Reimbursement Forms | Documents
Progress Notes | Addendum | INAYAH CLAIM FORM | INAYAH TPA CLAIM FORM
INAYAH REIMBURSEMENT FORM | INAYAH REIMBURSEMENT CLAIM FORM | Other Forms | Sick Leave
End Time | Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory
Health Declaration | Signed Documents | Image Comparison

TABLETS	
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	0.0000

Hospital Declaration:

1) We have no objection to any authorized official documents pertaining to insured's hospitalization.
2) All valid original documents countersigned by the insured to be dispatched to INAYAH TPA (L.L.C), Dubai office within 7 da patients' discharge.
3) All non-medical expenses and expenses not relevant to the hospitalization or illness which is not payable by INAYAH TPA (I collected from the patient.
4) INAYAH TPA (L.L.C) will not be liable to make the payment in the event of any discrepancy between the facts presented at submission of final documentation and pre- authorization request.
5) The patient declaration has been signed by the patient or his representative in our presence.

Patient's Declaration:

1) I agree to allow the hospital to submit all original documents pertaining to the hospitalization to INAYAH TPA (L.L.C) after c
2) In case INAYAH TPA (L.L.C) is not liable to settle the hospital bill to discrepancy in documentation, I take complete responsi
the bill.
3) All non-medical expenses, expenses not relevant to the present hospitalization amount, over and above the limit authoriz
TPA (L.L.C) will be paid by me.
4) I hereby declare to abide by the rules and regulations of the policy and if at any time the facts disclosed by me are found t
incorrect. I forfeit my right to the claim.
5) I agree and understand that INAYAH TPA (L.L.C) is in no way warranting the services provided by the hospital to be of a par
standards.
6) I hereby warrant the truth of the foregoing particulars in every respect and I agree that if have made or shall make any fal
statement, suppression or concealment my right to claim reimbursement of the said expenses shall be absolutely forfeited. I
declare that in respect of the above treatment no benefits are admissible under any other medical scheme or insurance.

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Provider's Seal

Treating Doctor's Signature

Patient/Insured Signature

SYED

Pati

Patient Signature | Save | Print