Patient 44632 DEEPIKA CHANDER PARKASH 784-1992-8190884-0 Repeat 33 Female Indian M INAYAH TPA LLC - National Life And General Insurance - Default Scheme (99999)

Medical History (patient_history.aspx?patId=54669)

Billing History (patient_accounts.aspx?patId=54669)

Appointment Visit ID 56801 08-Jan-2025 Humaira - General - DHA-P-54155530

MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 36.7°C, Pulse: 84bpm, BP: 110mmHg, Height: 154cm, Weight: 47kg, BMI 19.82(Obese), Blood Sugar

uirment : Mandotory to fill Chief Complaints, Allergies, Vital Signs, Past & Family History, Pain Scale,

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

Pharmacy	Estimated Cost
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	0.0000
(DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE	6.5000

Hospital Declaration:

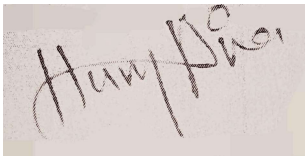
1) We have no objection to any authorized official documents pertaining to insured's hospitalization.
2) All valid original documents countersigned by the insured to be dispatched to INAYAH TPA (L.L.C), Dubai office within 7 patients' discharge.
3) All non-medical expenses and expenses not relevant to the hospitalization or illness which is not payable by INAYAH TI 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 presente 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) af
2) In case INAYAH TPA (L.L.C) is not liable to settle the hospital bill to discrepancy in documentation, I take complete resp the bill.
3) All non-medical expenses, expenses not relevant to the present hospitalization amount, over and above the limit auth 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 fou 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 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 statement, suppression or concealment my right to claim reimbursement of the said expenses shall be absolutely forfeit declare that in respect of the above treatment no benefits are admissible under any other medical scheme or insurance.

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

Provider's Seal



Treating Doctor's Signature

Patient/Insured Signature

DE

Patie

Patient Signature | Save | Print