Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MOHAMMAD ARIF ZAFAR MIR ZAFIRUL HASAN**	**Service Date**	**:30-Oct-2023**	**Network**	: Green
Card No	: **I005-029-115888672-01**	**Health Provider**	**:Irham Medical Center Arjan**	**Direct Access SP - YES**	
Policy Holder	: **MOHAMMAD ARIF ZAFAR MIR ZAFIRUL HASAN**	**Doctor's Name**	**:Sajid Sanaullah**		
Payer Name	: **DUBAI INSURANCE COMPANY**	**Co-Insurance**	:		
TPA	: **E CARE - Blue Network**	**Remarks**	:		
Validity	: **25-08-2023** To **24-08-2024**				
Gender	: **Male**				
Date Of Birth	: **29-Jul-1975**				
Patient's Tel No	: **971555033506**				

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : patient came with complaint of itching and pain in bilateral feet ,hand and buttocks. pain is intermittent it starts with a swelling ,then pain and itching and it gets relieved by itself within 2 to 3 hours now patient having itching and pain in the right feet blood routine already done from outside which is normal case of asthma and is on inhaler(recently diagnosed) **Duration:**

Vitals: Temp : 36.8 Bp :110 Pulse :82 Resp :20

Clinical Findings:

Diagnosis: R52 - Pain, unspecified,L29.9 - Pruritus, unspecified,R22.9 - Localized swelling, mass and lump, unspecified, **Date of Onset** :30/19/2023

Requested Investigations: 9, Consultation GP,0005-111805-1021, CHLOROHISTOL 10MG,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost** :

Prescriptions: **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 : Sajid Sanaullah **Stamp :**

Patient 's signature{Parent : if minor}

Date : 30-Oct-2023

Signature :

Date : 30-Oct-2023