

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MOHAMMAD ARIF ZAFAR
MIR ZAFIRUL HASAN

Card No : I005-029-11588672-01

Policy Holder : MOHAMMAD ARIF ZAFAR
MIR ZAFIRUL HASAN

Payer Name : DUBAI INSURANCE
COMPANY

TPA : E CARE - Blue Network

Validity : 25-08-2023 To 24-08-2024

Gender : Male

Date Of Birth : 29-Jul-1975

Patient's Tel No : 971555033506

Service Date : 06-Nov-2023

Network : Green

Health Provider : Irham Medical Center Arjan

Direct Access SP - YES

Doctor's Name : Sajid Sanaullah

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 : c/o pain in both shoulders along with chest pain on and off. Duration :

Vitals:Temp : 36.5 Bp :124 Pulse :75 Resp :22

Clinical Findings:

Diagnosis: R07.9 - Chest pain, unspecified,M79.2 - Neuralgia and neuritis, unspecified,M54.2 - Cervicalgia,R52 - Pain, Date of Onset :06/33/2023
unspecified,K29.00 - Acute gastritis without bleeding,

Requested Investigations: 9.01, Follow Up Consultation GP,96374, THER/PROPH/DIAG INJ IV Estimated :
PUSH,96372, THER/PROPH/DIAG INJ SC/IM,2190-106618-1001, PARAFUSIV,84591, VITAMIN NOT Cost
OTHERWISE SPECIFIED,INJ014, INJ-NEUROBION VITAMIN B GROUPS,93000, ELECTROCARDIOGRAM
COMPLETE

Prescriptions: 5944-174201-1451 - (OMEPRazole : 20 MG) CAPSULES (HARD GELATIN),5254-830602- Estimated :
2401 - (VITAMIN B1 (THIAMINE) : 100 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 200 MG) (VITAMIN Cost
B12 (CYANOCOBALAMIN) : 200 MCG) SUGAR COATED TABLETS,0278-107902-0391 - (IBUPROFEN : 400
MG) FILM COATED TABLETS,

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 :

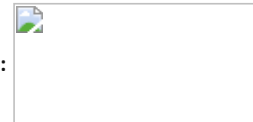
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent :
if minor}



Date : Nov-2023

Signature :

Date : 06-Nov-2023