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AXA					DirectThsclaimformBillingisnotan admissionClaim ofFormliability					
Administrative Se	ction									
Policy number	13/XC/35643/0/85/E/0			Memb	Membership number					
Patient name	SABRINA MONIQUE			Provider name			Irham Medical Center Arjan			
Date of treatment	17-Nov-2023			Patient	Patient Gender		O Male Female			
Medical Section										
Type of visit 🗆 O	utpatient 🗆 Inpati	ent If \Box Em	ergency 🗆	Maternity	Dental	Optical	ı			
If Pregnant: L.M.P.	Date Nature of co	nception \bigcirc	Natural (Assisted						
Chief complaint										
left hand second fi	nger stab wound fro	om last night	, at 16/11/	2023 at hor	ne stab wou	nd				
History of present	illness									
Date	Doctor	Location	Quality	Severity	Duration	Timing	Context	Modifying Factor	Symptoms	
No Previous Com	olaints Found								<u>, </u>	
CI: : I (: I: /										

Clinical findings/other conditions

Past medical history

Details of trauma - if applicable (where, when & how) ☐ Work Related ☐ RTA Related ☐ Sports Related

If yes O Professional O Non-Professional

Diagnosis

T81.31XS - Disrupt of external operation (surgical) wound, NEC, sequela

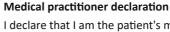
Treatment plan, recommended medications, investigations, and/or procedures

Treatments: 9, GP Consultation,D7911, complicated suture - up to 5 cm,96372, Therapeutic prophylactic or diagnostic injection (specify substance or drug) subcutaneous or intramu,0195-107704-0802, CEFTRIAXONE-TABUK IM

Prescription:5098-128302-0651 - (MUPIROCIN (AS CALCIUM) : 20 MG/G) OINTMENT,3114-482003-0391 - (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS,

Patient declaration

I hereby confirm that I am the patient/AXA card holder, Patient's parent or guardian (if under 16 years of age) and I wish to claim and declare that all the details/ information given above are to the best of my knowledge true and correct. I hereby consent to and fully authorize the medical practitioner involved in the patient's care to discuss treatment details and discharge arrangements with and to AXA Insurance (Gulf) B.S.C © representative or any of AXA company affiliates. I subrogate all my rights in relation to this claim and I fully authorize and give access to AXA Insurance (Gulf) B.S.C © representative or any of AXA company affiliates to audit, review and copy all my medical records details including any historical medical records regardless the previous payer/insurer. I agree that a copy of this consent shall have the validity of the original.



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.

Name



Signature

Date:17-Nov-2023



Signature Date:17-Nov-2023

17-Nov-2023 Stamp

WARNING:Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Penalties may include but not be restricted to denial of insurance benefits / cover, rendering the insurance contract void and/or legal action to be taken where deemed necessary.

If you have any questions regarding this form or any other aspects of the cover, please contact AXA on UAE +971 (4) 429 4000, Qatar +97 4 412 8733, Bahrain +973 (17) 582 612, KSA +966 (1) 478 0282 quoting the policy and membership numbers. Claims must be submitted along with supporting documents within 30 days from date of service. Send this claim form together with supporting material to Medical Department, AXA Insurance, PO BOX 32505, Dubai, UAE or AXA Insurance, P.O. Box 45, Kingdom of Bahrain or AXA Insurance PO BOX 21044, 11475 Riyadh, Kingdom of Saudi Arabia or AXA Insurance, PO Box 15319, Doha, State of Qatar.