Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: MAQSOOD TAHIR ALI TAHIR ALI ASGAR ALI**
Card No	**: I005-029-115888693-01**
Policy Holder	**: MAQSOOD TAHIR ALI TAHIR ALI ASGAR ALI**
Payer Name	**: DUBAI INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 25-08-2023** To **24-08-2024**
Gender	**: Male**
Date Of Birth	**: 05-Aug-1966**
Patient's Tel No	**: 0559278641**

Service Date :13-Dec-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 : gastritis since two weeks started 1/12/2023, High blood pressure, Severe left knee pain since five months ago started on 1/7/2023 but before one week is more severe without any trauma **Duration:**

Vitals: Temp : 36.5 Bp :134 Pulse :94 Resp :22

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension,M25.562 - Pain in left knee,K29.00 - Acute gastritis without bleeding,E55.9 - Vitamin D deficiency, unspecified, **Date of Onset** :13/01/2023

Requested Investigations: 0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-149902-1021, CLOFEN ,0005-242802-0781, PANTONIX 40MG I.V.,0005-150403-1021, PREMOSAN ,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP **Estimated Cost :**

Prescriptions: 3735-640409-1021 - (VITAMIN D3 (CHOLECALCIFEROL) : 300000 IU/ML) SOLUTION FOR INJECTION,2138-166103-0391 - (VALSARTAN : 160 MG) FILM COATED TABLETS,0005-149903-2231 - (DICLOFENAC SODIUM : 100 MG) RECTAL SUPPOSITORIES,7070-149919-0431 - (DICLOFENAC SODIUM : 1 G/100G) GEL,0031-168201-0391 - (DOMPERIDONE : 10 MG) FILM COATED TABLETS,2104-242802-0341 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS, **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 : 13-Dec-2023

Signature :

Date : 13-Dec-2023