

## 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  
**Health Provider :** Irham Medical Center Arjan  
**Doctor's Name :** Sajid Sanaullah  
**Co-Insurance :**

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

**Network :** Green  
**Direct Access SP - YES**

**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

**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 :**

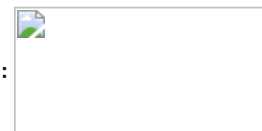
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

**Dr's Name :** Sajid Sanaullah

**Stamp :**



**Patient's signature {Parent : if minor}**



**Date :** 13-Dec-2023

**Signature :**

**Date :** 13-Dec-2023