

Administrative

Patient Name : MOSARROF HOSSAIN KHORSED ALAM

Card No : I005-029-117606057-02

Policy Holder : MOSARROF HOSSAIN KHORSED ALAM

Payer Name : DUBAI INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 27-02-2023 To 26-02-2024

Gender : Male

Date Of Birth : 01-Jul-1986

Patient's Tel No : 0559592769

MEDICAL CLAIM FORM

Service Date :31-Jan-2024

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

Remarks :

Claim Ref:

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : Headache, pain in throat and nasal congestion. Associated lightheadedness and dizziness. Duration:

Vitals:Temp : 36.8 Bp :150 Pulse :98 Resp :20

Clinical Findings:

Diagnosis: J00 - Acute nasopharyngitis [common cold],J02.8 - Acute pharyngitis due to other specified organisms,B49 - Unspecified mycosis,B35.9 - Dermatophytosis, unspecified,Date of Onset :31/21/2024

Requested Investigations: 9, Consultation GPEstimated Cost :

Prescriptions: 0027-109204-1171 - (TERBINAFINE (AS HCL) : 250 MG) TABLETS,0696-148701-1172 - (LORATADINE : 10 MG) TABLETS,0027-128802-2021 - (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS,0027-142201-0831 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,0788-107203-1171 - (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) 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.

Dr's Name : Sajid Sanaullah

Stamp :

Dr. Sajid Sanaullah Khan

General Practitioner

DHA No: 05758224-001

PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :



Date : 31-Jan-2024

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.

Patient 's signature{Parent : if minor}



31-
Date : Jan-
2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appId=45836&patId=33841

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