## Administrative

# MEDICAL CLAIM FORM

## Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | : **ABDUL RAUF REHMAT ULLAH** | **Service Date** | **:12-Feb-2024** |
| **Card No** | : **I017-029-115381312-02** | **Health Provider** | **:Irham Medical Center Arjan** |
| **Policy Holder** | : **ABDUL RAUF REHMAT ULLAH** | **Doctor's Name** | **:Sajid Sanaullah** |
| **Payer Name** | : **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC** | **Co-Insurance** | : |
| **TPA** | : **E CARE - Green Network** | **Remarks** | : |
| **Validity** | : **01-10-2023** To **30-09-2024** | | |
| **Gender** | : **Male** | | |
| **Date Of Birth** | : **01-Jan-1962** | | |
| **Patient's Tel No** | : **0554356612** | | |

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

**Network** : Green

**Direct Access SP - YES**

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

**Chief Complaints :** C/o: For medication refill. Known hypertensive controlled on sortiva (lorsartan 100mg). **Duration:**

**Vitals:**Temp : 36.8 Bp :150 Pulse :90 Resp :18

**Clinical Findings:**

**Diagnosis:** I10 - Essential (primary) hypertension,Z79.899 - Other long term (current) drug therapy, **Date of Onset** :12/31/2024

**Estimated Cost** :

**Requested Investigations:** 9, Consultation GP

**Estimated Cost :**

**Prescriptions:** 0252-155402-0391 - (LOSARTAN POTASSIUM : 100 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 :**

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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

**Date :** 12-Feb-2024

**Signature :**

**Date** : 12-Feb-2024