

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : VANESSA DUPITAS

Card No : I011-029-116777419-01

Policy Holder : VANESSA DUPITAS

Payer Name : AL SAGR NATIONAL INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 20-05-2023 To 19-05-2024

Gender : Female

Date Of Birth : 14-Sep-1994

Patient's Tel No : 0551085062

Service Date :06-Sep-2023

Health Provider :Irham Medical Center Arjan

Doctor's Name :Enomen Goodluck

Co-Insurance :

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

Remarks :

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : for follow up. CBC report shows moderate anemia. Duration :

Vitals:Temp : 37 Bp :120 Pulse :90 Resp :24

Clinical Findings:

Diagnosis: D50.9 - Iron deficiency anemia, unspecified,D53.9 - Nutritional anemia, unspecified,R23.1 - Pallor, Date of Onset :06/19/2023

Requested Investigations: 83540, IRON,83550, IRON BINDING CAPACITY Estimated Cost :

Prescriptions: 0252-182201-0081 - (FOLIC ACID : 0.35 MG) (IRON (AS FERRIC/FERROUS HYDROXIDE POLYMALTOSE COMPLEX) : 100 MG) CHEWABLE TABLETS, Estimated Cost :

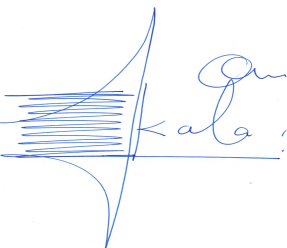
MEDICAL PRACTITIONER DECLARATION :

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 : Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata  
General Practitioner  
DHA No: 28040827-001  
PESHAWAR MEDICAL CENTER LLC  
DUBAI - U.A.E.

Signature :

Date : 06-Sep-2023

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}

Date : Sep-2023