Print Date/ Time : 20-May-2022 9:47:10PM

Administrative

MEDICAL CLAIM FORM

Claim Ref :J-600920/2022

Patient Name	:SATISH KUMAR JAGANNA SHETTY	Service Date	: 18-May-2022
Card No	:I014-029-116988761-01	Health Provider	: Peshawar Medical Centre-Al Barsha
Policy Holder	:SIGNATURE 1 HOTEL..	Doctor's Name	: RUBNA JASEEM
Payer Name	:RAK INSURANCE	Co-Insurance	:
TPA	:E CARE INTERNATIONAL MEDICAL BILLING SERVICES		
Validity	:10-Oct-2021 - To - 09-Oct-2022	Remarks	:
Gender	:Male		
Date Of Birth	:22-Aug-1973		
Patient's Tel No	:971-50-1464801		

Network : Blue

Direct Access SP - NO

CONSULT LAB/RAD	PHYSIO	PHARMAC IP	MATERN	DENTAL
20% upto 10%	10%	10% LIMI NIL	10%	NA

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints: K/c/o Hypertension DM

Duration:

Vitals: BP: 167/92mmHg TEMP: HR: RR:

Clinical Findings:

Diagnosis: HTN
Type II DM.

Diagnosis Code: I10.
E11.9.

Date of Onset : (dd/mm/yyyy)

Requested Investigations:

Estimated Cost:

Prescription:	Dose:	Duration:	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:

Signature :

Stamp

Date :

Dr. Rubna Jaseem
General Practitioner
DHA No: 77233809-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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 : 20-5-22

For Clinic & Hospital Approval : **043811550** | For Pharmacy Approval : **043811560**