Administrative

MEDICAL CLAIM FORM

Claim Ref :J-612118/2022

Patient Name	:GAUHAR KUTTYBAYEVA	Service Date	: 25-May-2022	Network	: Green
Card No	:1017-029-117653367-01	Health Provider	: Peshawar Medical Centre-Al Barsha	**Direct Access SP - YES**	
Policy Holder	:TH8 A HOUSE OF ORIGINALS HOTEL - FZE -	Doctor's Name	: RUBNA JASEEM		
Payer Name	:ABU DHABI NATIONAL INSURANCE COMPANY	Co-Insurance	:		
TPA	:E CARE INTERNATIONAL MEDICAL BILLING SERVICES				
Validity	:01-Oct-2021 - To - 30-Sep-2022	Remarks	:		
Gender	:Female				
Date Of Birth	:21-Aug-2001				
Patient's Tel No	:971-52-1358090				

CONSULT	LAB/RAD	PHYSIO	PHARMAC	IP	MATERN	DENTAL
10% max	NIL	NIL	NIL Max 1	NIL	10%	NA

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints: c/o fever, headache, myalgia cough - 2days

Duration:

Vitals: BP: 105/65mmHg TEMP: 37.9°C HR: 100/min RR: 16/m Wt 74.1kg Ht 177cm SPO2 97

Clinical Findings:

Diagnosis:

Diagnosis Code: J06.9, J30.9 R05, R50.9 R51

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 : 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 : 25/5/2022