Print Date/Time : 28-May-2022 5:54:59PM

Administrative

MEDICAL CLAIM FORM

Claim Ref :J-618151/2022

Patient Name	:MOHAMED ENAYATULLAH KHAN	Service Date	: 28-May-2022	Network	: Blue
Card No	:I014-029-117305023-02	Health Provider	: Peshawar Medical Centre-Al Barsha	Direct Access SP - NO	
Policy Holder	:STAYBRIDGE SUITES FC L.L.C-	Doctor's Name	: RUBNA JASEEM		
Payer Name	:RAK INSURANCE	Co-Insurance	:		
TPA	:E CARE INTERNATIONAL MEDICAL BILLING SERVICES				
Validity	:03-Jan-2022 - To - 02-Jan-2023	Remarks	:		
Gender	:Male				
Date Of Birth	:29-Nov-1978				
Patient's Tel No	:971-56-3014230				

CONSULT LAB/RAD	PHYSIO	PHARMAC IP	MATERN	DENTAL
20% max NIL	NIL	NIL Max 5 NIL	10%	NA

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints: C/o fever, cough, nasal congestion - 3 days
K/C/o HTN on medication

Duration:

Vitals: BP: 150/100 TEMP: 37.6°C HR: 112 RR: 20 bpm

Clinical Findings:

Diagnosis: AURI

Diagnosis Code: J06.9, J30.9, R05, R50.9, R09.81

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

Signature : Date :

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) : Enayat

Date : 28-5-22

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