

Administrative

MEDICAL CLAIM FORM

Claim Ref :J-618188/20

Patient Name	: Yasser Mohamed Abdalla Asf	Service Date	: 28-May-2022	Network	: Blue
Card No	: 784-1974-7425760-3	Health Provider	: Peshawar Medical Centre-Al Barsha	Direct Access SP - NO	
Policy Holder	: Grand Plaza Movenpick Hotel FZ-LLC	Doctor's Name	: RUBNA JASEEM		
Payer Name	: Dubai Insurance Company P.S.C	Co-Insurance	: CONSULT LAB/RAC	PHYSIO	PHARMAC IP
TPA	: E CARE INTERNATIONAL MEDICAL BILLING SERVICES		20% max NIL	NIL	NIL Max 5 NIL
Validity	: 14-Jun-2021 - To - 13-Jun-2022	Remarks	:	MATERN DENTAL	10% NA
Gender	: Male				
Date Of Birth	: 20-Feb-1974				
Patient's Tel No	: 971-50-4661683				

☐ Acute☐ Pre-existing and chronic☐ Maternity

Chief Complaints:

C/o Itchy dry skin - 3 days
Blisters - neck

Duration:

Vitals:

BP:

104/60

TEMP:

38°C

HR:

70b/m

RR:

20b/m

Clinical Findings:

Diagnosis:

Allergic contact dermatitis

Diagnosis Code:

L23.9
L29.9

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 :

Dr. Rubna Jaseem
General Practitioner

Reg 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 : 28-5-22