Administrative

MEDICAL CLAIM FORM

Claim Ref :J-618201/202

Patient Name	:John Atef Fakiuos Shehata	Service Date	: 28-May-2022
Card No	:I008-029-116946640-01	Health Provider	: Peshawar Medical Centre-Al Barsha
Policy Holder	:Grand Plaza Movenpick Hotel FZ-LLC.	Doctor's Name	: RUBNA JASEEM
Payer Name	:ORIENT INSURANCE P.J.S.C	Co-Insurance	:
TPA	:E CARE INTERNATIONAL MEDICAL BILLING SERVICES		
Validity	:14-Jun-2021 - To - 13-Jun-2022	Remarks	:
Gender	:Male		
Date Of Birth	:31-Oct-1993		
Patient's Tel No	:971-56-2467024		

Network : Blue

Direct Access SP - NO

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 Rt shoulder pain - 3 days. myalgia - 3 days

Duration:

Vitals: BP: 120/80 TEMP: 37°C HR: 94b/m RR: 18b/m

Clinical Findings:

Diagnosis:

Diagnosis Code: M25.511 M79.1 K29

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: *Stamp :*

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 : 28-5-22