Print Date/ Time : 31-May-2022 6:37:53PM

Administrative

MEDICAL CLAIM FORM

Claim Ref :J-623851/2022

Patient Name	: FARIYA BASHIR	Service Date	: 31-May-2022
Card No	: I014-029-113718995-03	Health Provider	: Peshawar Medical Centre-Al Barsha
Policy Holder	: STAYBRIDGE SUITES FC L.L.C-	Doctor's Name	: Saiqa Younis
Payer Name	: RAK INSURANCE	Co-Insurance	:
TPA	: E CARE INTERNATIONAL MEDICAL BILLING SERVICES	Remarks	:
Validity	: 03-Jan-2022 - To - 02-Jan-2023		
Gender	: Female		
Date Of Birth	: 10-Jun-1985		
Patient's Tel No	: 971-52-8762499		

Network : Blue

Direct Access SP - NO

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

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints:

Tinnitus of left ear

Duration:

Vitals: BP: 90/70 mmHg TEMP: 37 °C HR: 89 b/pm RR: 18/pm

Clinical Findings:

NAD

Diagnosis:

Tinnitus of left ear

Diagnosis Code:

Date of Onset : (dd/mm/yyyy)

Requested Investigations:

—

Estimated Cost:

Prescription:

Referal to ENT

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. Saiqa Younis
General Practitioner
DHA No: 00177613-003
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Stamp :

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} :

Date : 31-5-22

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