Administrative

MEDICAL CLAIM FORM

Claim Ref : J-639335/2022

Patient Name	: AFSAL THAHA	Service Date	: 09-Jun-2022	Network	: Green
Card No	: 1017-029-117698588-01	Health Provider	: Peshawar Medical Centre-Al Barsha		Direct Access SP - YES
Policy Holder	: IFA HI TRUNK FZE -	Doctor's Name	: Sajid Sanaullah Khan		
Payer Name	: ABU DHABI NATIONAL INSURANCE COMPANY	Co-Insurance	: CONSULT LAB/RAD PHYSIO PHARMAC IP MATERN DENTAL 10% max NIL NIL NIL LIMIT NIL 10% NA		
TPA	: E CARE INTERNATIONAL MEDICAL BILLING SERVICES				
Validity	: 01-Oct-2021 - To - 30-Sep-2022	Remarks	:		
Gender	: Male				
Date Of Birth	: 01-May-1997				
Patient's Tel No	: 971-52-1358090				

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints: Duration:

Cough 10-15/Day Alcohol - 2-3 pt 2-3 Shots

Vitals: BP: 149/84mmHg TEMP: 39°C HR: 102 c° RR: 22/m Wt 89kg Ht 185cm

Clinical Findings: SpO2 96%.

Diagnosis:	Diagnosis Code:	Date of Onset : (dd/mm/yyyy)

Requested Investigations:	Estimated Cost:

Prescription:	Dose:	Duration:	Estimated Cost:
IV DNS Tyn Amoxicillin 500mg IV			

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 & correct.

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Dr's Name: Sajid Sanaullah Khan

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} : Date : 09-06-22