Administrative

MEDICAL CLAIM FORM

Claim Ref : J-639390/2022

Patient Name	San San Aye	Service Date	09-Jun-2022	Network	Blue
Card No	I008-029-117213267-01	Health Provider	Peshawar Medical Centre-Al Barsha		Direct Access SP - NO
Policy Holder	M FIVE CLEANING SERVICES LLC.	Doctor's Name	Sajid Sanaullah Khan		
		Co-Insurance			
Payer Name	ORIENT INSURANCE P.J.S.C				
TPA	E CARE INTERNATIONAL MEDICAL BILLING SERVICES				
Validity	05-Aug-2021 - To - 04-Aug-2022	Remarks			
Gender	Female				
Date Of Birth	08-Jul-1978				
Patient's Tel No	971-52-2641936				

Co-Insurance:

CONSULT	LAB/RAD	PHYSIO	PHARMAC	IP	MATERN	DENTAL
20%	20%	20%	30% LIMI	20% CAI	10%	NA

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints: Fatigue Headache Cough Fever Mox Feels Cold Cold hands Abd Ache No Alcohol X 2 days

Duration:

Vitals: BP: 126/89 mmHg TEMP: 37 °C HR: 76/m RR: 18/m Wt 49.2kg Ht 157cm SpO2 95%

Clinical Findings:

Diagnosis: URTI

Diagnosis Code:

Date of Onset : (dd/mm/yyyy)

Requested Investigations: CBC TSH Electrolytes

Estimated Cost:

Prescription: Cystec 10mg OD Amoxicillin 500mg TID x 7 days

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

Dr's Name: Stamp :

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) : [signature]

Date : 9/06/2022