CAJUAL LUNIVI



	The member is	s allowed for C	Out-Patient	at the Peshawa	i weatcar cer			
atient Name: ard No:	SHAHZEEL KHAN ABDUL SALAGender: 006BC9A28C40831E DOB:		Male 01/Jan/1992		Validity Between: Coverage Information for:		30/Nov/2021and29/Nov/2022 Out-Patient	
in #:	P/30/1306/2021/338	Identity Card	784-1992-50987	53-6 Network:		OIC-OP @ PCP & Sp	Referral @ RN	
ational ID:	784-1992-5098753-6	Service Date:	15-Jun-2022 07:	37:23 PMRadiology:		Co-Part: 20%		
olicy Holder:	SHAHZEEL KHAN.ABDUL	Patient's Tel No: Threshold Limit:	971502265377					
aver Namo:	SALAM. INS008 - Orient	Class:	WARD					
ayer Name:	Insurance PJSC							
		Out-Patient :						
		Patient's File No:		Pharmacy:		Co-Part: 30%		
	No	Consultation : Co-P	art: 20%	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
atekeeper:	NO			Laboratory:		Co-Part: 20%		
				Laboratory.				
eferral No:								
eferred Service:	MENT							
UBJECTIVE ASSESS	ribed by the patient (Chief Com	oplaint):			Date	of Symptoms/illnes	s started	
ymptom(s) as desc	(T C D = 0 P O	P10 1	xetto a	ulla	DD	MM	YYYY	
X 6 4 87	46 12+113	1001		J.				
27 W	Ke and	N -00	ays.					
Past Medical Surgica	al History?	YES 🗆 NO	0		Date	of Symptoms/illne	ss started	
ast Wicalcal Salgice	ar miscory.				DD	MM	YYYY	
		1						
		1122	Mare	ica.				
Obs/Gyn Claims		1			Date	e of Symptoms/illne	ss started	
Para: 2 Gr	avida: 6 🗆 AB: 3	LMP: N	Marital Status:	Marital Date:	DD	MM	YYYY	
OBJECTIVE ASSESS	MENT		I.	ital Signs: B/P	T	HR	RR	
Clinical Findings:			V	ital Signs: B/P				
						Confirmed	□ Suspected	
Assassment / Diag	nosis:	e h		☐ Acute	☐ Chronic	☐ Confirmed	□ Suspected	
Assessment / Diag	nosis:	e N	Indico	☐ Acute	San Co. Company of the Co.	☐ Confirmed	☐ Suspected	
11000		eh 17 we	Indice		San Co. Company of the Co.	☐ Confirmed	☐ Suspected	
1. Deg		eh 17 we	Indice MCS .		San Co. Company of the Co.	☐ Confirmed	□ Suspected	
1. Vog	nanery &		result of accident o	ate diagnosis not sympto	jury)			
1. Dog 2. ACCIDENT/OCCUP.	The Articonal Claim Information (co	omplete if claim is a	result of accident o	ate diagnosis not sympto	jury)			
1. 2. ACCIDENT/OCCUP. Accident or illness	ATIONAL Claim Information (co	omplete if claim is a	result of accident of accident?	r work related illness/in	iury) or work relat	ted injury/illness occ	ur:	
1. 2. ACCIDENT/OCCUP	ATIONAL Claim Information (co	omplete if claim is a	result of accident of accident? NO	r work related illness/in	iury) or work relat		ur:	
1. 2. ACCIDENT/OCCUP. Accident or illness	ATIONAL Claim Information (co	omplete if claim is a	result of accident of accident?	r work related illness/in	iury) or work relat	ted injury/illness occ	ur:	
1. 2. ACCIDENT/OCCUP. Accident or illness	ATIONAL Claim Information (conduct to work? Our beginning of illness:	omplete if claim is a Injury due to road YES DD MM	result of accident of accident? Delta of accident of accident?	r work related illness/in	jury) or work relai	ted injury/illness occ	ur:	
1. 2. ACCIDENT/OCCUP. Accident or illness YES NO Date of accident o	ATIONAL Claim Information (conduct to work? Our beginning of illness:	omplete if claim is a Injury due to road YES DD MM	result of accident of accident? Delta of accident of accident?	r work related illness/in	jury) or work relai	ted injury/illness occ	ur:	
1. 2. ACCIDENT/OCCUP. Accident or illness YES NO Date of accident o	ATIONAL Claim Information (co	Injury due to road YES MM Applicable Prescription	result of accident of accident? Delta of accident of accident?	r work related illness/in	jury) or work relations of the classifier the class	ted injury/illness occ	ur:	
1. 2. ACCIDENT/OCCUP. Accident or illness	ATIONAL Claim Information (conduct to work? Our beginning of illness:	Injury due to road YES MM Applicable Prescription	result of accident of accident? NO ons/Reports/Results	r work related illness/in escribe how the accident	jury) or work relations of the classifier the class	ted injury/illness occ	ur:	
1. 2. ACCIDENT/OCCUP. Accident or illness YES NO Date of accident o	ATIONAL Claim Information (conduct to work? Our beginning of illness:	Injury due to road YES MM Applicable Prescription	result of accident of accident? NO ons/Reports/Results	r work related illness/in escribe how the accident	jury) or work relations of the classifier the class	ted injury/illness occ	ur:	
1. 2. ACCIDENT/OCCUP. Accident or illness YES NO Date of accident o	ATIONAL Claim Information (conduct to work? Our beginning of illness: emized Original Invoices and A	omplete if claim is a Injury due to road YES MM Applicable Prescription Esti	result of accident of accident? NO ons/Reports/Results	r work related illness/in escribe how the accident	jury) or work relations of the classifier the class	ted injury/illness occ	ur:	
1. ACCIDENT/OCCUP. Accident or illness YES NO Date of accident o	ATIONAL Claim Information (conduct to work? Our beginning of illness: emized Original Invoices and A	Injury due to road YES Applicable Prescription Esti	result of accident of accident? Do accident? NO ons/Reports/Results mated Costs	r work related illness/in escribe how the accident	jury) or work relations of the classifier the class	ted injury/illness occ	ur:	
ACCIDENT/OCCUP. Accident or illness YES NO Date of accident o MEDICAL PLAN It Pharmacy:	ATIONAL Claim Information (conduct to work? Our beginning of illness: emized Original Invoices and A	Injury due to road YES Applicable Prescription Esti	result of accident of accident? Do accident? NO ons/Reports/Results mated Costs Jures: HIV	r work related illness/in escribe how the accident	jury) or work relations of the classifier the class	ted injury/illness occ	ur:	
ACCIDENT/OCCUP. Accident or illness YES NI Date of accident o MEDICAL PLAN It Pharmacy: Is the following required	ATIONAL Claim Information (conduct to work? Our beginning of illness: emized Original Invoices and A Surgery: Physiotherapy:	Injury due to road Injury due to	result of accident of accident? Do nos/Reports/Results mated Costs Gures: HIV	r work related illness/in escribe how the accident	jury) or work relations of the classifier the class	aim P + L B C V V D R L	ur:	
ACCIDENT/OCCUP. Accident or illness YES NO Date of accident o MEDICAL PLAN It Pharmacy: Is the following required Is In-patient Required	ATIONAL Claim Information (conduct to work? Our beginning of illness: emized Original Invoices and A Surgery: Physiotherapy:	Injury due to road Injury due to	result of accident of accident? Do accident? NO ons/Reports/Results mated Costs dures: HIV acify Indicate Provider:	r work related illness/in	iury) or work relationsider the cladiology: by A	aim PHCV Estimated Cost:	ur:	
ACCIDENT/OCCUP. Accident or illness YES NO Date of accident o MEDICAL PLAN It Pharmacy: Is the following required Is In-patient Required	ATIONAL Claim Information (conduct to work? Our beginning of illness: emized Original Invoices and A Surgery: Physiotherapy:	Injury due to road Injury due to	result of accident of accident? Do accident? NO ons/Reports/Results mated Costs dures: HIV cify Indicate Provider:	r work related illness/in escribe how the accident is must be enclosed to co	iury) or work relationsider the classical field of the classical fie	aim PHCV Estimated Cost: eer, Employer or other	Estimated Costs A GEP A GULL 1 9	
ACCIDENT/OCCUP. Accident or illness YES NO Date of accident o MEDICAL PLAN It Pharmacy: Is the following required Is In-patient Required	ATIONAL Claim Information (conduct to work? Our beginning of illness: emized Original Invoices and A Surgery: Physiotherapy: all information processing and an analysis for the original analysis for the original analysis for the original analysis for the original and an analysis for the original analysis for the original analysis for the original and an analysis for the original analysis for th	Injury due to road Injury due to	result of accident of accident? Do accident? NO ons/Reports/Results mated Costs dures: HIV cify Indicate Provider: I hereb Organi	r work related illness/in escribe how the accident is must be enclosed to co	iury) or work relationsider the classical states of th	aim P + CV Estimated Cost: er, Employer or other g my medical condition	Estimated Costs A GEP A GUS EL 1 9	
ACCIDENT/OCCUP. Accident or illness YES NO Date of accident o MEDICAL PLAN It Pharmacy: Is the following required Is In-patient Required	ATIONAL Claim Information (conduct to work? Our beginning of illness: emized Original Invoices and A Surgery: Physiotherapy: all information processing and an analysis for the original analysis for the original analysis for the original analysis for the original and an analysis for the original analysis for the original analysis for the original and an analysis for the original analysis for th	Injury due to road Injury due to	result of accident of accident? De NO ons/Reports/Results mated Costs dures: HIV cify Indicate Provider: I hereb Organi and his	r work related illness/in escribe how the accident is must be enclosed to co laboratory / Rai y authorize any Healthcare zation to release any informatory to NEXTCARE for the p	iury) or work relationsider the classical states of determining the classical states of the classical	aim Portion of the control of the c	Estimated Costs A GEP A GUS EN I G fits.	
ACCIDENT/OCCUP. Accident or illness YES NO Date of accident or MEDICAL PLAN It Pharmacy: Is the following required Is In-patient Required I hereby certify that medical services shinecessary for the medical services shi	ATIONAL Claim Information (conducto work? Our beginning of illness: emized Original Invoices and A Surgery: Physiotherapy: all information production and a conduction and	Injury due to road Injury due to	result of accident of accident? De NO ons/Reports/Results mated Costs dures: HIV cify Indicate Provider: I hereb Organi and his	r work related illness/in escribe how the accident is must be enclosed to co	iury) or work relationsider the classical states of determining the classical states of the classical	aim Portion of the control of the c	Estimated Costs A GEP A GUS EN I G fits.	
ACCIDENT/OCCUP. Accident or illness YES NO Date of accident or MEDICAL PLAN It Pharmacy: Is the following required Is In-patient Required I hereby certify that medical services shinecessary for the mecessary for the mecessary for the mecessary Physician	ATIONAL Claim Information (conductowork? Our beginning of illness: emized Original Invoices and A Surgery: Physiotherapy: all information processing and analysis of the last and analysis of the last analysis of the	Injury due to road Injury due to	result of accident of accident? De NO ons/Reports/Results mated Costs dures: HIV cify Indicate Provider: I hereb Organi and his	r work related illness/in escribe how the accident is must be enclosed to co laboratory / Rai y authorize any Healthcare zation to release any informatory to NEXTCARE for the p	iury) or work relationsider the classical states of determining the classical states of the classical	aim Portion of the control of the c	Estimated Costs A GEP A GUS EL I G fits.	
1. 2. ACCIDENT/OCCUP. Accident or illness YES NO Date of accident or MEDICAL PLAN It. Pharmacy: Is the following required Is In-patient Required I hereby certify that medical services shinecessary for the medical services shinecessary for the medical services shinesessary for the medical	ATIONAL Claim Information (conductowork? Our beginning of illness: emized Original Invoices and A Surgery: Physiotherapy: all informator probabilities are convey pertinated to this case. PESHAWAR MEDICAL PROBABILITY (CALL) PESHAWAR MEDICAL PUBMIC (CALL)	Injury due to road Injury due to	result of accident of accident? De NO ons/Reports/Results mated Costs dures: HIV cify Indicate Provider: I hereb Organiand his Medica	r work related illness/in escribe how the accident is must be enclosed to co laboratory / Rai y authorize any Healthcare zation to release any informatory to NEXTCARE for the p	iury) or work related to the classification of determination regarding urpose of determination responsibility of	aim Portion of the control of the c	Estimated Costs A GEP A GUS EL I G fits.	