Print Date/Time : 10-Jun-2022 2:19:19PM

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Administrative

MEDICAL CLAIM FORM

Claim Ref :J-641489/2022

Patient Name	:Yue Linn Mi	**Service Date**	: 10-Jun-2022	**Network**	: Blue
Card No	:I008-029-117478345-01	**Health Provider**	: Peshawar Medical Centre-Al Barsha	**Direct Access SP - NO**	
Policy Holder	:Grand Plaza Movenpick Hotel FZ-LLC.	**Doctor's Name**	: Sajid Sanaullah Khan		
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	:Female				
Date Of Birth	:07-Jun-1995				
Patient's Tel No	:971-56-5042091				

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: Fever, PAIN, Headache, DRY Cough, Sore Throat

Duration:

Vitals: BP: 100/60mm/Hg TEMP: 38½C HR: 112b/mt RR: 18b/mt

Clinical Findings: Hight -168cm, wight-47.3

Diagnosis: URTI

Diagnosis Code:

Date of Onset : (dd/mm/yyyy)

Requested Investigations: CBC, electrolytes, TSH, lipid Profile

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. Sajid Sanaullah Khan
Specialist Pediatrician
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} : *Date :* 10/6/2022