Print Date/ Time : 10-Jun-2022 6:36:53PM

MEDICAL CLAIM FORM

Claim Ref :J-641955/2022

Administrative

Patient Name	:SAHIL AHMAD	Service Date	: 10-Jun-2022	Network	: Green
Card No	:1017-029-113767022-01	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	:		
TPA	:E CARE INTERNATIONAL MEDICAL BILLING SERVICES	Remarks	:		
Validity	:01-Oct-2021 - To - 30-Sep-2022				
Gender	:Male				
Date Of Birth	:10-Jan-1985				
Patient's Tel No	:971-56-6442706				

CONSULT	LAB/RAD	PHYSIO	PHARMACY	MATERN	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10% NA

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints: Sore throat fever x 2 days
Cough DRY

Duration:

Vitals: BP: 100/60mmHg TEMP: 36.6E HR: 74b/mt RR: 18b/mt

Height - 180cm
Weight - 61.6kg

Clinical Findings:

Diagnosis:

Diagnosis Code:

Date of Onset : (dd/mm/yyyy)

Requested Investigations:

Estimated Cost:

Prescription:
Amoxicillin 500mg TDS x 7 days
Ambroxol

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:

Stamp :

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

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 : 10-06-22

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