Print Date/ Time : 10-Jun-2022 9:21:44PM

MEDICAL CLAIM FORM

Claim Ref :J-638720/2022

Administrative

Patient Name	:MAYANK NARWARE	Service Date	: 08-Jun-2022
Card No	:I017-029-117540083-01	Health Provider	: Peshawar Medical Centre-Al Barsha
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	:22-Oct-1997		
Patient's Tel No	:971-55-6842075		

Network : Green

Direct Access SP - YES

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

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints: Runny Nose

Duration:

Vitals: BP: 110/80 mmHg TEMP: 36.2°C HR: 64/m RR: 20/m Wt 65-7kg Ht 169cm SpO2 97

Clinical Findings:

Diagnosis: Runny Nose Chills

Diagnosis Code:

Date of Onset : (dd/mm/y

Requested Investigations:

Estimated Cost:

Prescription: Nose Drops

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.: 0575822.001
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) :

Date : 10-06

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