Print Date/ Time : 10-Jun-2022 9:25:48PM

Administrative

MEDICAL CLAIM FORM

Claim Ref :J-642415/2022

Patient Name	:MAUREEN ANCHETA KAHULUGAN	Service Date	: 10-Jun-2022	Network	: Blue
Card No	:I014-029-113718844-03	Health Provider	: Peshawar Medical Centre-Al Barsha	Direct Access SP - NO	
Policy Holder	:STAYBRIDGE SUITES FC L.L.C-	Doctor's Name	: Sajid Sanaullah Khan		
Payer Name	:RAK INSURANCE	Co-Insurance	: CONSULT: 20% max; LAB/RAD: NIL; PHYSIO: NIL; PHARMAC IP: NIL Max 5; MATERN: 10%; DENTAL: NA		
TPA	:E CARE INTERNATIONAL MEDICAL BILLING SERVICES				
Validity	:03-Jan-2022 - To - 02-Jan-2023	Remarks	:		
Gender	:Female				
Date Of Birth	:13-Nov-1978				
Patient's Tel No	:971-54-4316073				

☑ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints: Knee Pain / leg pain relating to X 4 DAYS 8/10 NKDA No Light No Alcohol

Duration:

Vitals: BP: 134/100 mmHg TEMP: 37°C HR: 80 bpm RR: 20 Wt 93.3 Ht 169cm SpO_2 98%.

Clinical Findings:

Diagnosis: OSTEOARTHRITIS

Diagnosis Code:

Date of Onset : (dd/mm/yyyy)

Requested Investigations: Rt Knee X Ray 2 VIEWS CBC Electrolytes Lipid Profile TSH

Estimated Cost:

Prescription:
1) Naproken 500 mg BID
2) Voltaren gel 4%
3) FAMOTIDINE 40mg OD

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} Date : 10/6/22

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