Administrative

MEDICAL CLAIM FORM

Claim Ref :J-639627/2022

Patient Name	: San San Aye	Service Date	: 09-Jun-2022	Network	: Blue
Card No	: I008-029-117213267-01	Health Provider	: Peshawar Medical Centre-Al Barsha	Direct Access SP - NO	
Policy Holder	: M FIVE CLEANING SERVICES 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	: 05-Aug-2021 - To - 04-Aug-2022	Remarks	:		
Gender	: Female				
Date Of Birth	: 08-Jul-1978				
Patient's Tel No	: 971-52-2641936				

CONSULT	LAB/RAD	PHYSIO	PHARMAC IP	MATERN	DENTAL
20%	20%	20%	30% LIMI 20% CAI	10%	NA

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints: Chest pain

Duration:

Vitals: BP: 130/100 TEMP: 36.7°C HR: 74 RR: 18 b/m SPO2: 97%

Clinical Findings:

Diagnosis:
- HTN
- Hypercholesterolemia
- Chest pain GERD

Diagnosis Code:

Date of Onset : (dd/mm/yyyy)

Requested Investigations:
- ECG

Estimated Cost:

Prescription:	Dose:	Duration:	Estimated Cost:
- ATORVA 10 - HCTZ 25 -			

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:

Signature : *Date :*

Stamp :

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 : 12/06/2022