Administrative

MEDICAL CLAIM FORM

Claim Ref :J-645323/2022

Patient Name	: MUHAMMAD ATIQQUE ASIM MIAN	Service Date	: 12-Jun-2022	Network	: Blue
Card No	: MUHAMMAD 1014-029-116823522-02	Health Provider	: Peshawar Medical Centre-Al Barsha		Direct Access SP - NO
Policy Holder	: SIGNATURE 1 HOTEL..	Doctor's Name	: Sajid Sanaullah Khan		
Payer Name	: RAK INSURANCE	Co-Insurance	: CONSULT LAB/RAD PHYSIO PHARMAC IP MATERN DENTAL 20% upto 10% 10% 10% LIMI NIL 10% NA		
TPA	: E CARE INTERNATIONAL MEDICAL BILLING SERVICES				
Validity	: 10-Oct-2021 - To - 09-Oct-2022	Remarks	:		
Gender	: Male				
Date Of Birth	: 01-Oct-1976				
Patient's Tel No	: 971-56-8766902				

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints:
Pain in throat
fever
fatigue
Sneezing
runny nose

Duration:
one day
onset.

Vitals: BP: 125/75 mmHg TEMP: 38.3°C HR: 118b/mt RR: 18b/mt
Height-180cm, weight-99.8kg

Clinical Findings:
febrile,

Diagnosis:
Acute Upper resp. tract infection
fever
cough

Diagnosis Code:
J06.9
R50.9
ROS

Date of Onset :
1 day duration.
(dd/mm/yyyy)

Requested Investigations:
-
—

Estimated Cost:

Prescription:
IV paracetamol infusion

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 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 : 12/6/2022