Administrative

MEDICAL CLAIM FORM

Claim Ref :J-647867/2022

Patient Name	:BUDHA BAHADUR DARJI JASMAN DARJI	Service Date	: 13-Jun-2022
Card No	:I014-029-117518704-01	Health Provider	: Peshawar Medical Centre-Al Barsha
Policy Holder	:STAYBRIDGE SUITES FC L.L.C-	Doctor's Name	: Sajid Sanaullah Khan
Payer Name	:RAK INSURANCE	Co-Insurance	:
TPA	:E CARE INTERNATIONAL MEDICAL BILLING SERVICES	Remarks	:
Validity	:03-Jan-2022 - To - 02-Jan-2023		
Gender	:Male		
Date Of Birth	:28-Dec-1992		
Patient's Tel No	:971-56-5403848		

Network : Blue

Direct Access SP - NO

CONSULT LAB/RAD	PHYSIO	PHARMAC IP	MATERN	DENTAL
20% max NIL	NIL	NIL Max 5 NIL	10%	NA

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints: . Red eyes x 1 DAY
Dry cough x 1 Mo

Duration:

Vitals: BP: 130/80 TEMP: 36.5 HR: 68 b/m RR: 18 b/m SPO2 97 RA

Clinical Findings:

Diagnosis: ~~RED EYE~~ Conjunctivitis
- Fatigue

Diagnosis Code:

Date of Onset : (dd/mm/yyyy)

Requested Investigations: CBC CMP, TSH, Lipid profile

Estimated Cost:

Prescription:	Dose:	Duration:	Estimated Cost:
Erythromycin Oph drop			

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: 03758224-001
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 : 13-06-22