Administrative

MEDICAL CLAIM FORM

Claim Ref :J-648938/2022

Patient Name	: ANNISA RAHIM	Service Date	: 14-Jun-2022
Card No	: I014-029-117694745-01	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		
Validity	: 03-Jan-2022 - To - 02-Jan-2023	Remarks	:
Gender	: Female		20
Date Of Birth	: 08-Aug-2002		
Patient's Tel No	: 971-58-1825119		

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: Feeling too cold, No leg — Cough, Shot malady, No Alcohol — Flu, Night fevers

Duration: MONDAY

Vitals: BP: 120/70 TEMP: 37C HR: 88b/m RR: 20b/m

Clinical Findings: Mild Throat Congestion

Diagnosis: URTI

Diagnosis Code:

Date of Onset : (dd/mm/yyyy)

Requested Investigations: CBC, electrolytes TSH, lipid Profile

Estimated Cost:

Prescription: Augmentin 500 mg TID × 7 days
Neuroplexil

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'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 :* 14/06/202

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