Administrative

MEDICAL CLAIM FORM

Claim Ref :J-651041/2022

Patient Name	:TWINKLE RAJ KUMAR	Service Date	: 15-Jun-2022 Network : Blue
Card No	:I014-029-117469392-02	Health Provider	: Peshawar Medical Centre-Al Barsha Direct Access SP - NO
Policy Holder	:STAYBRIDGE SUITES FC L.L.C-	Doctor's Name	: SAJID RASHID(HNC MDC)
Payer Name	:RAK INSURANCE	Co-Insurance	: CONSULT LAB/RAD PHYSIO PHARMAC IP MATERN DENTAL
TPA	:E CARE INTERNATIONAL MEDICAL BILLING SERVICES		20% max NIL NIL NIL Max 5 NIL 10% NA
Validity	:03-Jan-2022 - To - 02-Jan-2023	Remarks	:
Gender	:Female		
Date Of Birth	:16-Nov-1995		
Patient's Tel No	:971-55-2425493		

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☑ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints:

- Dry Cough
- Fever
- Sore Throat Pain

Sore Eyes
No Drug
No Alcohol

Duration: x 2 days

Vitals: BP: 37.1 TEMP: 37.1 HR: 98bpm RR: 18bpm

Clinical Findings: 100/70 DM-DM-55

Diagnosis: URTI

Diagnosis Code:

Date of Onset : (dd/mm/yyyy)

Requested Investigations: CBC ~~CMP~~ electrolytes TSH lipid profile

Estimated Cost:

Prescription:	Dose:	Duration:	Estimated Cost:
Augmentin TDS			

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 - UAE

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) : Twinkle *Date :* 15/6/2022