Administrative

MEDICAL CLAIM FORM

Claim Ref :J-651272/2022

Patient Name	:FIKRI FARID HERLANI	Service Date	: 15-Jun-2022	Network	: Blue
Card No	:I014-029-117763229-01	Health Provider	: Peshawar Medical Centre-Al Barsha	Direct Access SP - NO	
Policy Holder	:STAYBRIDGE SUITES FC L.L.C-	Doctor's Name	: Sajid Sanaullah Khan		
Payer Name	:RAK INSURANCE	Co-Insurance	: CONSULT LAB/RAD: 20% max NIL; PHYSIO: NIL; PHARMAC IP: NIL Max 5 NIL; MATERN: 10%; DENTAL: NA		
TPA	:E CARE INTERNATIONAL MEDICAL BILLING SERVICES				
Validity	:03-Jan-2022 - To - 02-Jan-2023	Remarks	:		
Gender	:Male				
Date Of Birth	:09-Mar-1999				
Patient's Tel No	:971-58-2601862				

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☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints: Sore throat x 1 week, Ear pain x 1 week, Headache

Duration:

Vitals: BP: 100/70 mmHg TEMP: 37C HR: 68 b/mt RR: 18 b/mt

Clinical Findings: Height - 173 cm, weight - 56.8 kg

Diagnosis: URTI

Diagnosis Code:

Date of Onset : (dd/mm/yyyy)

Requested Investigations: CBC, Electrolytes, Lipid

Estimated Cost:

Prescription:	Dose:	Duration:	Estimated Cost:
Augmentin 500mg TDX 7 days			

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: 05759234.001
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 : 15/06/2022