

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/RAC	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 : Male		
Date Of Birth : 09-Mar-1999		
Patient's Tel No : 971-58-2601862		

23

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
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Chief Complaints: Sore Throat X 1 week Ear pain X 1 week Headache	Duration:
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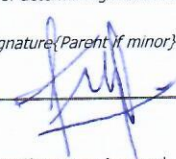
Vitals:	BP: 100/70 mmHg	TEMP: 37°C	HR: 68 bpm	RR: 18 bpm
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Clinical Findings:	Height - 173 cm Weight - 56.8 kg
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Diagnosis: VRTI	Diagnosis Code:	Date of Onset : (dd/mm/yyyy)
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Requested Investigations: CBC, Electrolytes, LFT	Estimated Cost:
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Prescription: Augmentin 500mg TID x 7 days	Dose:	Duration:	Estimated Cost:
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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. Dr's Name: Dr. Sajid Sanaullah Khan Signature :  Date : 15/06/2022 PESHAWAR MEDICAL CENTER LLC DUBAI - U.A.E.	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
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