Administrative

MEDICAL CLAIM FORM

Claim Ref :J-652154/2022

Patient Name	:KARRI VENKATA REDDY	Service Date	: 15-Jun-2022
Card No	:I014-029-116223044-01	Health Provider	: Peshawar Medical Centre-Al Barsha
Policy Holder	:SIGNATURE 1 HOTEL..	Doctor's Name	: Sajid Sanaullah Khan
Payer Name	:RAK INSURANCE	TPA	:E CARE INTERNATIONAL MEDICAL BILLING SERVICES
Validity	:10-Oct-2021 - To - 09-Oct-2022	Gender	:Male
Date Of Birth	:18-Jan-1965	Patient's Tel No	:971-50-5078164

Network : Blue

Direct Access SP - NO

Co-Insurance :

CONSULT	LAB/RAD	PHYSIO	PHARMAC IP	MATERN	DENTAL
20% upto	10%	10%	10% LIMI NIL	10%	NA

Remarks :

SO

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints: Chest pain Cough Back pain No chills or fever No Cigg No Alcohol

Duration:

Vitals: BP: 120/90 mmHg TEMP: 36°C HR: 84bl/mt RR: 18bl/mt

Clinical Findings: Chest crackles

Diagnosis: URTI

Diagnosis Code:

Date of Onset : (dd/mm/yyyy)

Requested Investigations: CBC Electrolytes TSH Lipid panel

Estimated Cost:

Prescription:	Dose:	Duration:	Estimated Cost:
Augmentin 500mg	1-0-1		

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 057-58224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E

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 :* 15/06/2022