Print Date/ Time : 21-Jun-2022 1:17:59PM

MEDICAL CLAIM FORM

Claim Ref :J-662860/2022

Administrative

Patient Name	:ERIKA RUSSEL GERONIMO MABBORANG	Service Date	: 21-Jun-2022
Card No	:I017-029-116365801-01	Health Provider	: Peshawar Medical Centre-Al Barsha
Policy Holder	:IFA HI TRUNK FZE -	Doctor's Name	: Sajid Sanaullah Khan
Payer Name	:ABU DHABI NATIONAL INSURANCE COMPANY	Co-Insurance	:
TPA	:E CARE INTERNATIONAL MEDICAL BILLING SERVICES		
Validity	:01-Oct-2021 - To - 30-Sep-2022	Remarks	:
Gender	:Female		
Date Of Birth	:12-Aug-1993		
Patient's Tel No	:971-56-3508322		

Network : Green

Direct Access SP - YES

CONSULT	LAB/RAD	PHYSIO	PHARMAC IP	MATERN	DENTAL
10% max	NIL	NIL	NIL LIMIT NIL	10%	NA

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☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints: Cough Cold

Duration: X 1 DAY

Vitals: BP: 108/74 mmHg TEMP: 36.8 HR: 82/m RR: Wt 71.1 Ht 156 SPO2 97%.

Clinical Findings: Mild Congestion of Nose & Chest

Diagnosis: Seasonly Allergic Cough ASTHMA Fatigue

Diagnosis Code:

Date of Onset : (dd/mm/yyyy)

Requested Investigations: CBC Electrolytes Lipid Profile TSH

Estimated Cost:

Prescription: Tyrtec Ambroxol Otrivin

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:

Signature :

Stamp :

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No. 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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 : 21-06-22