Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **RAGESH MOTHIRA VALLI BALAKRISHNAN MOTHIRA VALLI**	**Service Date**	**:08-Jul-2022**	**Network**	: Green
Card No	: **I014-029-113718978-03**	**Health Provider**	**:Irham Medical Center Arjan**	**Direct Access SP - YES**	
Policy Holder	: **RAGESH MOTHIRA VALLI BALAKRISHNAN MOTHIRA VALLI**	**Doctor's Name**	**:Sajid Sanaullah**		
Payer Name	: **RAS AL KHAIMAH NATIONAL INSURANCE COMPANY**	**Co-Insurance**	:		
TPA	: **TPA029**	**Remarks**	:		
Validity	: **03-01-2022** To **02-01-2023**				
Gender	: **Male**				
Date Of Birth	: **01-Jan-1977**				
Patient's Tel No	: **552779684**				

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : Tenderness in the left jaw x 2 day 5/10. allergic rash on hands due to chemical . CIgg no Alcohol ; 2-3 /week **Duration:**

Vitals: Temp : 37 Bp :147 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: R07.9 - Chest pain, unspecified,R05 - Cough,E66.01 - Morbid (severe) obesity due to excess calories,I10 - Essential (primary) hypertension,L20.84 - Intrinsic (allergic) eczema, **Date of Onset** :08/54/2022

Requested Investigations: 93000, ELECTROCARDIOGRAM COMPLETE,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,80061, LIPID PANEL,80051, ELECTROLYTE PANEL,9, Consultation GP **Estimated: Cost**

Prescriptions: 0005-149801-0151 - (CLOBETASOL PROPIONATE : 0.05%) CREAM, **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.

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.

Dr's Name : Sajid Sanaullah **Stamp :**

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

Patient 's signature{Parent if minor} : **Date** : 08-Jul-2022

Signature :  **Date** : 08-Jul-2022