Administrative

MEDICAL CLAIM FORM

Claim Ref :J-647821/2022

Patient Name	:JEVON PRAISTY PASA	Service Date	: 13-Jun-2022
Card No	:I017-029-117698584-01	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	:Male		
Date Of Birth	:25-Dec-1991		
Patient's Tel No	:971-52-1718292		

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: Fever Sore Throat CP Cough - 5 DAYS x 10 years Alcohol - No

Duration:

Vitals: BP: 105/72 TEMP: 37.5 HR: 108 RR: 20 Slm

Clinical Findings: Throat Congestion Tenderness

Diagnosis: URTI

Diagnosis Code:

Date of Onset : (dd/mm/yyyy)

Requested Investigations: CMP, Lipid Profile, TSH ECG

Estimated Cost:

Prescription:

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. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
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 : 13-06-22