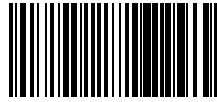




Batch Number: 10-2025-202-8



10202500057

Processing Model

The patient must present their personal identification.

Serial Number

شركة الرعاية العالمية  
للإدارة النفقات الطبية

Authorized Doctor's Name	Doctor's Blood Type
Subscriber Name Test Users ITE2025/Test0001	Doctor's Visit Date 26/10/2025
Patient's Name Test Users	Patient's Age 0.70
National ID Card	Marital Status

Initial Diagnosis																																
Initial Symptoms and Procedures																																
Date of Onset of the Disease or Its Symptoms for the First Time																																
Diagnosis																																
Patient's Signature	Doctor's Signature	<table><tr><th>Price</th><th>Quantity in Words</th><th>Related Medicines</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	Price	Quantity in Words	Related Medicines																											
Price	Quantity in Words		Related Medicines																													
Doctor's Stamp																																
The claim shall not be processed without the doctor's CD code and the patient's signature.																																
The claim must be entered into the company's approved systems.																																

This copy remains with the doctor for accounting purposes.

Required Laboratory Tests Procedures must be entered into the company's approved systems.		Required Laboratory Tests Procedures must be entered into the company's approved systems.																																													
Entity Responsible for Expenses		Subscriber Name																																													
Subscriber Name		Patient's Name	Request Date																																												
Patient's Name	Request Date	Diagnosis																																													
Diagnosis		Card Number																																													
Card Number		This copy remains with the doctor for accounting purposes.																																													
This copy remains with the doctor for accounting purposes.		<table><tr><th>Value</th><th></th><th>Amount</th><th></th></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>		Value		Amount																																									
Value		Amount																																													
Value		Amount																																													
Patient's Signature	Laboratory Signature	Patient's Signature	Laboratory Signature																																												
Date of Tests Conducted	Doctor's Signature and Stamp	Date of Tests Conducted	Doctor's Signature and Stamp																																												

Date of Tests Conducted

Doctor's Signature and Stamp

This copy remains with the laboratory for accounting purposes.  
And it remains valid for three days from the date of the test.

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And it remains valid for three days from the date of the test.