Medical Expenses Claim Form

Date	:	2024-04-25	Clinic Name	:	VISION MEDICAL & DENTAL CENTER (Abu Dhabi)	Emirates ID	:	784-8666-6666666-7
Card Holder's Name	:	sai krishna	Age	:	27	Gender	:	Male
Mobile No	:	971508764532	Ins Card No	:	INS12345678	Valid Upto	:	2025-03-03
Company Name	:	ADNIC	Employee No	:	DHA-P-0125755	Nationality	:	Other

Clinical Details

Signs & Symptoms

Date of Onset Illness : 2024-04-25

○ Emergency ◉ Work related ○ New visit ○ Follow up visit

Diagnosis : (Induced) termination of pregnancy with other complications

Management plan (Services inside the clinic including injections and investigations)

Amirtha Patel - Dental (DHA-P-0125755)
Doctor Name

Signature & Stamp

Diagnostic Procedures referred outside

test2dd

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the above-mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Patient's Signature
2024-04-25

Date

Pharmaceuticals (to be filled by treating doctor only)