Medical Expenses Claim Form

Date	:	2024-03-19	Clinic Name	:	VISION MEDICAL & DENTAL CENTER (Abu Dhabi)	Emirates ID	:	784-1991-2906159-3
Card Holder's Name	:	Alston Rebello	Age	:	27	Gender	:	Male
Mobile No	:	971506245967	Ins Card No	:	1234	Valid Upto	:	2023-12-20
Company Name	:	ADNIC	Employee No	:	15245565544445	Nationality	:	Indian

Clinical Details

Signs & Symptoms

Date of Onset Illness : 4/23/2024 12:00:00 AM

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

Diagnosis :

Diagnostic Procedures referred outside

test2

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
2024-03-19

Date

Pharmaceuticals (to be filled by treating doctor only)