

GULF OPERATIONS

MetLife, P.O.Box 371916, Dubai - U.A.E.

24 Hour UAE Toll free : 800 62062

Fax : (971 - 4) 415 4493

MANAGED CARE CLAIM FORM

FORM No. 22110097FC09981

Patient Name : MOHAMED ALI NASSER AL HARTHI Clinic/Hosp. No: FC09981

Subscriber No. 000548374.....Policy Number : 4472600001.....Cert. No : OM776.....Dependent No : 1.....

Please fill this portion to have prompt reimbursement and avoid unnecessary suspension

1 - How long has patient been suffering from this sickness:

2 - Did patient have any previous treatment/consultation at your clinic/other medical facility for this sickness, please specify the date:

1-..... 2-..... 3-.....

Diagnosis			Diagnosis		
P	Diagnosis Description	ICD-9	P	Diagnosis Description	ICD-9
	Abnormal Loss of Weight	783.2		Irregular Menstruation	626.4
	Acromegaly	253.0		Menopause	627.2
	Addison's Disease	255.4		Pancreas Tumor - Benign	211.6
	Cushing's Syndrome	255.0		Pancreas Tumor -Malignant	157.9
	Diabetes Mellitus	250.0		Parathyroid Disorder or Disease	252.9
	Glands Adenopathy or Enlargement	785.6		Pituitary Gland Tumor - Benign	227.3
	Goiter - Non Toxic	241.9		Polycystic Ovaries (PCO)	256.4
	Goiter - Simple	240.0		Postmenopausal Bleeding	627.1
	Goiter - Toxic	242.30		Precocious Sexual Development and Puberty	259.1
	Gynecomastia	611.1		Short Stature / Lack of Growth	783.4
	Hyperparathyroidism	252.0		Thyroid Nodule Tumor - Benign	226
	Hypertension	401.9		Thyroid Tumor - Malignant	193
	Hyperprolactinemia	253.1		tremor. Essential	333.1
	Hyperthyroidism	242.9		Other Diagnosis	
	Hypoaldosteronism	255.5			
	Hypopituitarism	253.2			
	Hypothyroidism	244.9			

Physician Request

Prescription

NB: IN CASE OF SURGERY, HOSPITALIZATION, MRI, CT, SCAN, ECHOCARDIOGRAPHY, TREADMILL, ECHO DOPPLER OR PHYSIOTHERAPY
 PLEASE FILL THE " PRE-DETERMINATION APPROVAL REQUEST FORM"

Physician's Signature and Stamp: Oman International Hospital Date: 13-11-2022

Authorization Statement

I hereby authorize any doctor, hospital, or medical provider, any insurance company or any other company, institution or any other person who has any record or information about me and/or any of my family members to provide MetLife with the complete information, including copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization. Any photocopy of this authorization shall be taken as the original copy. I hereby authorize MetLife to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby waive MetLife from any and all liability or claim arising out of or in connection with any failure and/or error in sending and receiving the SMS.

I understand MetLife will not provide coverage in, reimbursement for treatment obtained in, reimbursement for services received in, or make wire transfers or any payments to the countries identified on OFAC's sanctions list, including but not limited to payments to any financial institutions or medical providers located in a sanctioned country. Also, MetLife will not pay a claim to individuals who: I) are residing in a sanctioned country; II) are listed on the OFAC Specially Designated Nationals (SDN) list or any other international or local sanctions list; or III) have traveled to a sanctioned country for purposes of receiving medical, or other treatment or services, subject to the Policy and / or Supplementary contract.

Data Transfer: I hereby give MetLife unambiguous consent, to process, share, and transfer My personal data to any recipient whether inside or outside the country, including but not limited to, my Headquarters in the USA, MetLife branches, affiliates, Reinsurers, business partners, professional advisors, insurance brokers and/or service providers where MetLife operates, to the extent such information is necessary for: (i) the performance of the policy; (ii) the development of MetLife insurance products; (iii) improving MetLife customer experience; (iv) for the compliance with the applicable laws and regulations; or (v) for the compliance with other law enforcement agencies for international sanctions and other regulations applicable to MetLife. MetLife will ensure that such recipients will have sufficient confidentiality obligations to procure the confidentiality of the personal information and provided that MetLife complies with applicable laws in respect of such processing, sharing and transferring of that personal data. For clarity, personal data means any data/information related to Insured and/or Insured's family which might include any health, identity and financial information or contact details, disclosed to MetLife at any time.

[illegible]

Employee's Signature :

Date: 13-11-2022

Physician Copy



**OMAN
INTERNATIONAL
HOSPITAL**
MANAGED BY IDEALMED OHS
مستشفى عمان الدولي
مديرية مسقط

**Al Afia Healthcare Development &
Investment Company S.A.O.C**
Muscat
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Website: www.omaniinternationalhospital.com

**INVOICE NO. I
OIHOP2022/78607**



2022-11-13 - Original

AMERICAN LIFE INSURANCE COMPANY (MetLife).

Patient No. 9001346
Name MOHAMED ALI NASSER ALHARTHI
Policy No. 4472600001/OM776
Doctor Dr. Mohammed Al Lamki

CR NO.: 1281919

DESCRIPTION	UNIT	GROSS	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
V.OP001039455 - Outpatient	2022/11/13 14:50 - 2022/11/13 14:50				EPISODE E.001124751
CONSULTATIONS		25.000			
Endocrinology Consultation - Consultant - First Consultation	1.00	25.000	0.000	1.000	24.000
2022-11-13 01.04.00.074 Dr. Mohammed Al Lamki					
		GROSS TOTAL	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
		25.000	0.000	1.000	24.000

Patient Share: 1.000 One Rial Omani
AMERICAN LIFE INSURANCE COMPANY (MetLife). Total: 24.000 Twenty Four Rial Omani



AMERICAN LIFE INSURANCE
COMPANY (MetLife).

Patient No. 9001346
Name MOHAMED ALI NASSER ALHARTHI
Policy No. 4472600001/OM776
Doctor Dr. Mohammed Al Lamki

CR NO.: 1281919

DESCRIPTION	UNIT	GROSS	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
V.OP001045286 - Outpatient		2022/11/13 15:54 - 2022/11/13 15:54			EPISODE E.001130825
LAB INVESTIGATIONS		82.000			
CALCIUM					
2022-11-13 05.02.00.0048 Dr. Mohammed Al Lamki	1.00	4.000	0.000	0.000	4.000
CBC (Complete Blood Count)					
2022-11-13 05.06.00.007 Dr. Mohammed Al Lamki	1.00	5.000	0.000	0.000	5.000
EGFR (ESTIMATED GLOMERULAR FILTRATION RATE)					
2022-11-13 05.02.00.0091 Dr. Mohammed Al Lamki	1.00	12.000	0.000	0.000	12.000
IRON PROFILE (SERUM IRON + TIBC)					
2022-11-13 05.02.00.00133 Dr. Mohammed Al Lamki	1.00	25.000	0.000	0.000	25.000
PARATHYROID HORMONE					
2022-11-13 05.02.00.00167 Dr. Mohammed Al Lamki	1.00	16.000	0.000	0.000	16.000
RENAL PROFILE (UREA,CR,URIC ACID,NA,K,CL)					
2022-11-13 05.02.00.00187 Dr. Mohammed Al Lamki	1.00	20.000	0.000	0.000	20.000
GROSS TOTAL		DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE	
82.000		0.000	0.000	82.000	

Patient Share: 0.000 None

AMERICAN LIFE INSURANCE COMPANY (MetLife). Total: 82.000 Eighty Two Rial Omani



**OMAN
INTERNATIONAL
HOSPITAL**
MANAGED BY IDEALMED GHS
مستشفى عُمان الدولي
بإدارة آيدل ميد

LABORATORY REPORT

Report date: 13/11/2022

Patient ID: 9001346

Patient Name: MOHAMED ALI NASSER AL HARTHI

Gender: MALE

Date of Birth: 05/11/1980

	TEST	RESULT	REF RANGE	UNITS
CBC	WBC	6.23	5.2 – 12.4	$10^3/\mu\text{L}$
CBC	RBC	4.43	4.2 – 6.1	$10^6/\mu\text{L}$
CBC	HGB	10.1	12.0 - 18.0	g/dL
CBC	HCT	33.4	37 - 52	%
CBC	MCV	75.2	80 - 99	fL
CBC	MCH	22.8	27 - 31	pg
CBC	MCHC	30.3	33 - 37	g/dl
CBC	RDW	14.7	11.5 – 14.5	%
CBC	PLT	232	130 - 400	$10^3/\mu\text{L}$
CBC	MPV	6.1	7.2 – 11.1	fL
CBC	NEUT%	42.3	40 - 74	%
CBC	LYMPH%	45.9	19 - 48	%
CBC	MONO%	3.6	3.4 - 9	%
CBC	EOS%	3.1	0.0 - 7	%
CBC	BASO%	1.4	0.0 - 1.5	%
CBC	NRBC%	00	0.0 - 2.0	NRBC/100
CBC	NEUT#	2.64	1.9 – 8.0	$10^3/\mu\text{L}$

CBC	LYMPH#	2.86	0.9 – 5.2	$10^{-3}/\mu\text{L}$
CBC	MONO#	0.22	0.16 – 1.0	$10^{-3}/\mu\text{L}$
CBC	EOS#	0.19	0.0 – 0.8	$10^{-3}/\mu\text{L}$
CBC	BASO#	0.09	0.0 – 0.2	$10^{-3}/\mu\text{L}$
CBC	NRBC#	00	0.0 – 0.20	$10^{-9}/\text{L}$
eGFR	eGFR	61	Normal or high ≥ 90 Mildly decreased 60-89 Mildly to moderately decreased 45-59 Moderately to severely decreased 30-44 Severely decreased 15-29 Kidney failure <15	$\text{mL}/\text{min}/1.73 \text{ m}^2$
Renal Function	Na	147	Adults (Serum / Plasma) Serum 136–145 mmol/L (136–145 mEq/L) Plasma 136–145 mmol/L (136–145 mEq/L) Adults Urine Urine 40–220 mmol/L/24 hr (40–220 mEq/L/24 hr)	
Renal Function	K	5.28	Adults (Serum / Plasma) Serum 3.5–5.1 mmol/L (3.5–5.1 mEq/L) Plasma 3.4–4.5 mmol/L (3.4–4.5 mEq/L) Adults Urine Urine 25–125 mmol/L/24 hr (25–125 mEq/L/24 hr)	

Renal Function	Cl	118	Adults (Serum / Plasma) Serum 98–107 mmol/L (98–107 mEq/L) Plasma 98–107 mmol/L (98–107 mEq/L) Adults Urine Urine 110–250 mmol/L/24 hr (110–250 mEq/L/24 hr)	
Renal Function	Urea	33	Adults (Serum / Plasma) 9–23 mg/dL (3.2–8.2 mmol/L) Adults Urine 12–20 g/day (0.43–0.71 mol/day)	
Renal Function	Creatinine	1.30	Adult Males (Serum / Plasma) 0.70–1.30 mg/dl (62–115 μmol/L) Adult females (Serum / Plasma) 0.55–1.02 mg/dL (49–90 μmol/L) Adult Males (Urine) 950–2490 mg/day (8.4–22.0 mmol/day) Adult females (Urine) 600–1800 mg/day (5.3–15.9 mmol/day)	
Renal Function	Uric Acid	8.1	Adult Males (Serum /Plasma) 3.7–9.2 mg/dL (220–547μmol/L) Adult females (Serum / Plasma) 3.1–7.8 mg/dL (184–464 μmol/L) Adults Urine 250–750 mg/day (1.48–4.43 mmol/day)	
Iron	Iron	59	Adults (Serum) 65–175	μg/dL

TIBC	Total Iron Binding Capacity (TIBC)	269	291 - 430	ug/dl
C.CA	CORRECTED CALCIUM	8.3	8.5 - 10.5	mg/dl




Dr. Mohamed Al Zaabi MD, FRCPath