

## **ENDOCRINOLOGY**



## **GULF OPERATIONS**

MetLife, P.O.Box 371916, Dubai - U.A.E. 24 Hour UAE Toll free : 800 62062 Fax : (971 - 4) 415 4493

Patient Name : MOHAMED ALI NASSER AL HARTHII Clinic/Hosp. No: FC09981  Subscriber No. 900548374 Policy Number : 4472690001 Cert. No : OM778 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/fother medical facility for this sickness, please specify the date:  1 - Same Diagnosis  P Diagnosis Description  CD9  Abnormal Loss of Weight  783.2 Irregular Menstruation  S23.0 Menopause  P Diagnosis Description  CD9  Andison's Disease 255.4 Pancreas Tumor - Benign  157.2 Diagnosis Description  Cushing's Syndrome  255.0 Pancreas Tumor - Malignant  157.3 Diagnosis Adenopativy or Enlargement  755.6 Pillutary Gland Tumor Benign  252.2 Glands Adenopativy or Enlargement  755.6 Pillutary Gland Tumor Benign  252.5 Policy Syndrome  252.5	MANAGED CARE CLAIM FORM FORM FORM No. 22110097FC09981								
Subscriber No900548374									
Please fill this portion to have prompt relimbursement 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 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	Patient Name : MOHAMED ALI NASSER AL HARTHI								
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 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	Subsc	riber No000548374Policy Numbe	er : 4472600001		Cert. No : OM776 Dependent N	lo :.1			
2 - Did patient have any previous treatment/consultation at your clinic/other medical facility for this sickness, please specify the date:  1		Please fill this portion to have p	rompt reimbur	rseme	nt and avoid unnecessary suspension				
2 - Did patient have any previous treatment/consultation at your clinic/other medical facility for this sickness, please specify the date:  1	1 - Hov	v long has patient been suffering from thi	s sickness:						
the date:  1	l					specify			
P Diagnosis Description ICD-9 P Diagnosis Description ICD-9 Abnormal Loss of Weight 783.2 P Diagnosis Description ICD-9 Abnormal Loss of Weight 783.2 P Diagnosis Description ICD-9 Abnormal Loss of Weight 783.2 P Diagnosis Description ICD-9 Abnormal Loss of Weight 783.2 P Diagnosis Description ICD-9 Abnormal Loss of Weight 783.2 P Diagnosis Description ICD-9 Abnormal Loss of Weight 783.2 P Diagnosis Description ICD-9 Abnormal Loss of Weight 783.2 P Diagnosis Description ICD-9 Abnormal Loss of Weight 783.2 P Diagnosis Description ICD-9 Diagnosis Description Description Description ICD-9 Diagnosis Description Descript	1115		suitation at you	Cillin	duter medical facility for this sickness, please	Specify			
P Diagnosis Description ICD-9 Abnormal Loss of Weight 783.2 Acromegaly 253.0 Acromegaly 253.0 Addison's Disease 255.4 Cushing's Syndrome 255.0 Diabetes Mellitus 250.0 Glands Adenopathy or Enlargement 785.6 Glands Adenopathy or Enlargement 785.6 Goiter - Non Toxic 241.9 Goiter - Non Toxic 242.30 Gynecomastia 611.1 Hyperparathyroidism 252.0 Hyperparathyroidism 252.0 Hyperparathyroidism 253.1 Hyperthyroidism 242.9 Hyperpolactinemia 253.1 Hyperthyroidism 242.9 Hyperpolactinemia 253.1 Hyperthyroidism 244.9 Hyperpolactinemia 255.2 Hypothyroidism 255.2 Hypothyroidism 244.9 Hyperpolactinemia 255.1 Hypothyroidism 244.9 Hyperpolactinemia 255.1 Hypothyroidism 244.9 Hyperpolactinemia 255.1 Hypothyroidism 244.9 Hyperpolactinemia 255.1 Hypothyroidism 244.9 Hypothyroidism 255.0 Hypothyroidism 25					3				
Abnormal Loss of Weight 783.2  Actionegaly 253.0  Addisor's Disease 255.4  Cushing's Syndrome 255.0  Diabetes Mellitus 250.0  Glands Adenopathy or Enlargement 785.6  Glands Adenopathy or Enlargement 785.6  Golter - Non Toxic 241.9  Golter - Non Toxic 241.9  Golter - Non Toxic 241.9  Golter - Toxic 242.30  Gynecomastia 611.1  Hyperparathyroidism 252.0  Hypertension 401.9  Hyperprolactinemia 253.1  Hyperthyroidism 242.9  Hyperthyroidism 242.9  Hyperthyroidism 244.9  Hyperthyroidism 244.9  Physician's Signature and Stamp 244.9  Authorization Statement 244.9  I hereby authorization, active, or heapthalication, aboy photocopy of this authorization shall be the company insurance benefits related information through Blook Measurement and all liability or claim 145 to a company or any other company instruction as the original copy, hereby warber Mettle from any and all liability or claim 145 to a company or any other company instruction as the original copy, hereby warber Mettle from any and all liability or claim 145 to a company or any other company instructions or any other person who has any record or information through Blook Measurement 245 to a company or any other company instructions or any payments to the countries instructions and the circuits and the original copy, hereby copy of this authorization shall be taxed or a surface and payments and all liability or claim 145 to a company of the surface and providers in person of the surface and payments to any financial providers benefit to two or any payments to th			Diagn	osis					
Addison's Disease 255.4 Addison's Disease 255.4 Cushing's Syndrome 255.0 Disbates Mellitus 250.0 Disbates Mellitus 250.0 Disbates Mellitus 250.0 Glands Adenopathy or Enlargement 785.6 Goiter - Non Toxic 241.9 Goiter - Non Toxic 241.9 Goiter - Toxic 242.30 Goiter - Toxic 242.30 Goiter - Toxic 242.30 Gynecomastia 611.1 Gynecomastia 611.1 Hyperparathyroidism 252.0 Hyperparathyroidism 252.0 Hyperparathyroidism 252.0 Hyperparathyroidism 253.1 Hyperthyroidism 253.1 Hyperthyroidism 253.2 Hypoprolactinemia 253.1 Hyperthyroidism 255.5 Hypopitultarism 253.2 Hypopitultarism 253.2 Hypopitultarism 253.2 Hypopitultarism 253.2 Hypothyroidism 254.9 Hypothyroidism 255.0 Hypopitultarism 255.0 Hypothyroidism 255.0 Hypothyroidism 255.5 Hypopitultarism 255.0 Hypothyroidism 255.5 Hypopitultarism 255.0 Hypothyroidism 255.5 Hypopitultarism 255.0 Hypothyroidism 255.5 Hypopitultarism 255.5 Hypothyroidism 255.5 Hypothyr	P	Diagnosis Description	ICD-9	P	Diagnosis Description	ICD-9			
Addison's Disease 255.4  Cushing's Syndrome 255.0  Diabetes Mellitus 250.0  Glands Adenopathy or Enlargement 785.6  Glands Adenopathy or Enlargement 785.6  Goiter - Non Toxic 241.9  Goiter - Toxic 242.30  Gynecomastia 611.1  Hyperparathyroidism 252.0  Hyperension 401.9  Hyperparathyroidism 252.0  Hyperension 401.9  Hyperparathyroidism 252.0  Hyperparathyroidism 253.1  Hyperthyroidism 242.9  Hyperparathyroidism 255.5  Hypopitularism 255.5  Hypopitularism 255.2  Hypopitularism 255.		Abnormal Loss of Weight	783.2		Irregular Menstruation	626.4			
Cushing's Syndrome   255.0   Diabetes Mellitus   250.0   Glards Adenopathy or Enlargement   785.6   Golter - Non Toxic   241.9   Golter - Simple   240.0   Parathyroid Disorder or Disease   252.9   Plulutary Gland Tumor - Benign   227.3   Golter - Simple   240.0   Postmenopausal Bleeding   627.1   Golter - Toxic   242.30   Precoclous Sexual Development and Puberty   259.1   Postmenopausal Bleeding   627.1   Precoclous Sexual Development and Puberty   259.1   Phyperparathyroidism   252.0   Phyperparathyroidism   252.0   Phyperparathyroidism   253.1   Phyperpolacinemia   253.1   Phyperpolacinemia   253.1   Phyperpolacinemia   253.1   Phypophyroidism   242.9   Phypophyroidism   242.9   Phypophyroidism   243.9   Phypophyroidism   244.9   Physician's Signature and Stamp:   Physician's Signat		Acromegaly	253.0		Menopause	627.2			
Diabetes Melitius 250.0 Gilands Adenopathy or Enlargement 785.6 Gilands Adenopathy or Enlargement 785.6 Goiter - Non Toxic 241.9 Goiter - Toxic 240.0 Goiter - Toxic 242.30 Gore - Toxic 242.30 Gynecomastia 611.1 Hyperparathyroidism 252.0 Hyperparathyroidism 253.1 Hyperparathyroidism 253.1 Hyperthyroidism 253.1 Hyperthyroidism 253.1 Hyperthyroidism 253.1 Hyperthyroidism 255.9 Hypopoliuliarism 255.9 Hypopoliuliar		Addison's Disease	255.4		Pancreas Tumor - Benign	211.6			
Glands Adenopathy or Enlargement 78.6.6 Goiter - Non Toxic 241.9 Goiter - Simple 240.0 Goiter - Simple 240.0 Goiter - Toxic 242.30 Goiter - Toxic 242.30 Green - Simple 240.0 Forecomastia 611.1 Hyperparathyroidism 252.0 Hypertension 401.9 Hyperpolactinemia 253.1 Hyperthyroidism 242.9 Hyperthyroidism 242.9 Hyperthyroidism 242.9 Hyperthyroidism 253.1 Hyperthyroidism 242.9 Hypopituitarism 253.2 Hypothyroidism 244.9  Prescription 333.1  Prescription 333.1  NB: IN CASE OF SURGERY, HOSPITALIZA TONAMPOUT FACTOR AND ADMINISTRATION APPROVAL Reduction Statement 1.1  I hereby authoritzs any dector, heapital, or medical provider, any insurance pages are yet one company, institution or any other person who has any record or information should not analize any of my family members to provide MatLiffs with the complete information's, including copies of their records with reference to my sickness or accident, any analysis of the communicating my insurance benefice rate of the SMS.  I understand New York of Sample and or services receiving the SMS. I understand New York of the SMS. I understand New York of Sample and Facility of Calains arising out or in consection with any failure andrie error in sending and receiving the SMS. I understand New York of Sample and Facility of Calains arising out or in consections with any failure andrie error in sending and receiving the SMS. I understand New York of Sample and Facility of Calains arising out or in consections with any failure andrier error in sending and receiving the SMS. I understand New York of Sample and Prescription of the Presc		Cushing's Syndrome	255.0		Pancreas Tumor -Malignant	157.9			
Goiter - Non Toxic 241.9  Goiter - Simple 240.0  Goiter - Toxic 242.30  Forecomastia 611.1  Gynecomastia 611.1  Hyperparathyroidism 250.0  Hyperparathyroidism 250.0  Hyperparathyroidism 250.1  Hyperprolactinemia 253.1  Hyperthyroidism 242.9  Hyperthyroidism 255.5  Hypopituitarism 255.5  Hypopituitarism 255.5  Hypopituitarism 255.2  Hypopituitarism 255.5  Hypopituit		Diabetes Mellitus	250.0		Parathyroid Disorder or Disease	252.9			
Goiter - Non Toxic 241.9  Goiter - Simple 240.0  Goiter - Toxic 242.30  Goiter - Toxic 242.30  Gynecomastia 611.1  Hyperparathyroidism 252.0  Hyperparathyroidism 252.0  Hyperparathyroidism 253.1  Hyperprolectinemia 253.1  Hyperthyroidism 242.9  Hyperthyroidism 242.9  Hypophyroidism 255.5  Hypopitultarism 255.5  Hypothyroidism 255.5  Hypopitultarism 255.5  Hypothyroidism 255.5  Hypopitultarism 255.5  Hypopitultarism 255.5  Hypothyroidism 255.5  Hypothy		Glands Adenopathy or Enlargement	785.6		Pituitary Gland Tumor - Benign	227.3			
Goiter - Toxic   242.30   Gynecomastia   611.1   Short Stature / Lack of Growth   783.4   Hyperparathyroidism   252.0   Thyroid Nodule Tumor - Benign   226   Thyroid Nodule Tumor - Benign   226   Thyroid Nodule Tumor - Benign   226   Thyroid Nodule Tumor - Malignant   193   Thyroid Nodule Tumor - Malignant   193   Thyroid Nodule Tumor - Malignant   193   Thyroid State			241.9		Polycystic Ovaries (PCO)	256.4			
Synecomastia   611.1   Short Stature / Lack of Growth   783.4		Goiter - Simple	240.0		Postmenopausal Bleeding	627.1			
Synecomastia   611.1   Short Stature / Lack of Growth   783.4		Goiter - Toxic	242.30		Precocious Sexual Development and Puberty	259.1			
Hyperthyroidism 253.1 Hypopliuliarism 255.5 Hypopliuliarism 255.2 Hypopliuliarism 255.2 Hypopliuliarism 255.2 Hypopliuliarism 244.9 Hypothyroidism 244.9  Physician Request  Physician Request  Physician Request  Physician's Signature and Stamp: Description  Physician's Signature and Stamp: Description Statement  I hereby authorize any dector, hespital, or medical provider, any insurance complany or any other company, institution or any other person who has any record or information about me andor any of my family members to provide NetLife with the complete information's including copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hespitalization. Any photocopy of this authorization shall be taken as the original copy, hereby authorize MetLife to use my mobile number at straining out or in connection with any failure andorie courts for pulments of the SBS.  I understand MetLife will not provide coverage in, reimburse for treatment obtained in, reimburse for services received in, or make wire transfers or any payments to the countries indentified on DrAG's searcions list, including but not limited to payments to any financial initiative or reading and where you're best listed from any and all liability or claim to flight behavior or medical provider. In the SBS.  I understand MetLife will not provide coverage in, reimburse for treatment obtained in, reimburse for services received in, or make wire transfers or any pay			611.1		Short Stature / Lack of Growth	783.4			
Hyperthyroidism 242.9 Hypoldosteronism 255.5 Hypopituitarism 253.2 Hypothyroidism 244.9 Hypothyroidism 255.5 Hypopituitarism 253.2 Hypothyroidism 244.9  Physician Request  Physician Request  Physician Request  Physician Request  Physician's Signature and Stamp:  Date: 13-11-2022    Date: 13-11-2022   Date: 13-11-202		Hyperparathyroidism	252.0		Thyroid Nodule Tumor - Benign	226			
Hyperthyroidism 242.9 Hypoldosteronism 255.5 Hypopituitarism 253.2 Hypothyroidism 244.9 Hypothyroidism 255.5 Hypopituitarism 253.2 Hypothyroidism 244.9  Physician Request  Physician Request  Physician Request  Physician Request  Physician's Signature and Stamp:  Date: 13-11-2022    Date: 13-11-2022   Date: 13-11-202		Hypertension	401.9		Thyroid Tumor - Malignant	193			
Hypoditularism 253.2 Hypothyroidism 244.9  Physician Request  Physician Requests  Physician Reque		Hyperprolactinemia	253.1			333.1			
Hypothyroidism  253.2  Hypothyroidism  Physician Request  Physician Request  Physician Request  Physician Request  Prescription		Hyperthyroidism	242.9		Other Diagnosis				
Prescription  Date: 13-11-2022  Date: 13		Hypoaldosteronism	255.5						
NB: IN CASE OF SURGERY, HOSPITALIZATION MEDICAL SAME CONTROL OF SURGERY HOSPITALIZATION MEDICAL SAME CONTROL OF SURGERY HOSPITALIZATION MEDICAL SAME CONTROL OF SURGERY HOSPITALIZATION APPROVATION APPROVAL REQUIRED TO SURGERY HOSPITALIZATION APPROVALED TO SURGERY HOSPITALIZATION STREET HOSPITALIZATION		Hypopituitarism	253.2						
NB: IN CASE OF SURGERY, HOSPITALIZATION INTROCETS AN ECHOCARDIOGRAPHY, TREADMILL, ECHO DOPPLER OR PHYSIOTHERAPY PLEASE FILL THE "PRE-DETERMINATION APPROVAL RELIGIOUS AND ADMINISTRATION AND ADMINISTRATION APPROVAL RELIGIOUS AND ADMINISTRATION		Hypothyroidism							
NB: IN CASE OF SURGERY, HOSPITALIZATION MRP COTTS CARCIFOGRAPHY, TREADMILL, ECHO DOPPLER OR PHYSIOTHERAPY PLEASE FILL THE "PRE-DETERMINATION APPROVAL REGISTS."  Physician's Signature and Stamp:  Oman Internation of Hospital  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's, including copies of their records with reference to my sickness or accident, any internation, examination, advice, or hospitalization. Any photocopy of this authorization shall be easily accepted in the provider of the state of the control of the state of the control of the state of the control of ACC's sanctions list, including but not limited to payments to any financial institutions or medical providers increased in a sanctioned country. Also, MetLife will not pay a claim to individuals who: I) are residing in a sanctioned country fill pare listed on the OFAC Specialty Designated Nationals (SDN) list or any other international or local 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 for purposes of receiving medical, or their treatment or services, subject to the Policy and I or Supplementary contract terms and conditions  Data Transfers! 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 your Headquarters in the USA, MetLife branches, affiliates, Reinsurers, business partners, professional advisors, insurance brokers and/or service providers where MetLife business and products; (III) improving MetLife in the developmen			Physician	n Requ	uest				
NB: IN CASE OF SURGERY, HOSPITALIZATION MRP COTTS CARCIFOGRAPHY, TREADMILL, ECHO DOPPLER OR PHYSIOTHERAPY PLEASE FILL THE "PRE-DETERMINATION APPROVAL REGISTS."  Physician's Signature and Stamp:  Oman Internation of Hospital  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's, including copies of their records with reference to my sickness or accident, any internation, examination, advice, or hospitalization. Any photocopy of this authorization shall be easily accepted in the provider of the state of the control of the state of the control of the state of the control of ACC's sanctions list, including but not limited to payments to any financial institutions or medical providers increased in a sanctioned country. Also, MetLife will not pay a claim to individuals who: I) are residing in a sanctioned country fill pare listed on the OFAC Specialty Designated Nationals (SDN) list or any other international or local 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 for purposes of receiving medical, or their treatment or services, subject to the Policy and I or Supplementary contract terms and conditions  Data Transfers! 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 your Headquarters in the USA, MetLife branches, affiliates, Reinsurers, business partners, professional advisors, insurance brokers and/or service providers where MetLife business and products; (III) improving MetLife in the developmen		$\cap$							
NB: IN CASE OF SURGERY, HOSPITALIZATION MRP COTTS CARCIFOGRAPHY, TREADMILL, ECHO DOPPLER OR PHYSIOTHERAPY PLEASE FILL THE "PRE-DETERMINATION APPROVAL REGISTS."  Physician's Signature and Stamp:  Oman Internation of Hospital  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's, including copies of their records with reference to my sickness or accident, any internation, examination, advice, or hospitalization. Any photocopy of this authorization shall be easily accepted in the provider of the state of the control of the state of the control of the state of the control of ACC's sanctions list, including but not limited to payments to any financial institutions or medical providers increased in a sanctioned country. Also, MetLife will not pay a claim to individuals who: I) are residing in a sanctioned country fill pare listed on the OFAC Specialty Designated Nationals (SDN) list or any other international or local 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 for purposes of receiving medical, or their treatment or services, subject to the Policy and I or Supplementary contract terms and conditions  Data Transfers! 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 your Headquarters in the USA, MetLife branches, affiliates, Reinsurers, business partners, professional advisors, insurance brokers and/or service providers where MetLife business and products; (III) improving MetLife in the developmen		1600	ew,	Fo /	11: Ky				
NB: IN CASE OF SURGERY, HOSPITALIZATION MRP COTTS CARCIFOGRAPHY, TREADMILL, ECHO DOPPLER OR PHYSIOTHERAPY PLEASE FILL THE "PRE-DETERMINATION APPROVAL REGISTS."  Physician's Signature and Stamp:  Oman Internation of Hospital  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's, including copies of their records with reference to my sickness or accident, any internation, examination, advice, or hospitalization. Any photocopy of this authorization shall be easily accepted in the provider of the state of the control of the state of the control of the state of the control of ACC's sanctions list, including but not limited to payments to any financial institutions or medical providers increased in a sanctioned country. Also, MetLife will not pay a claim to individuals who: I) are residing in a sanctioned country fill pare listed on the OFAC Specialty Designated Nationals (SDN) list or any other international or local 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 for purposes of receiving medical, or their treatment or services, subject to the Policy and I or Supplementary contract terms and conditions  Data Transfers! 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 your Headquarters in the USA, MetLife branches, affiliates, Reinsurers, business partners, professional advisors, insurance brokers and/or service providers where MetLife business and products; (III) improving MetLife in the developmen			<u>_</u>		7 , ,				
NB: IN CASE OF SURGERY, HOSPITALIZATION MID COTTS AND CORPUTATION APPROVAL REQUEST AND CORPUTATION AND CORPUTATION APPROVAL REQUEST AND CORPUTATION AND CORPUTATION AND CORPUTATION AND CORPUTATION AND CORPUTATION AND PROTOCOPY of this authorization ship in cluding copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization. Any photocopy of this authorization ship in cluding copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization. Any photocopy of this authorization ship in cluding copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization. Any photocopy of this authorization ship in the record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby walve MetLife to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby walve MetLife from any and all liability or claim arising out or in connection with any failure and/or error in sending and receiving the SMS.  I understand MetLife will not provide coverage in, reimburse for treatment obtained in, reimburse for services received in, or make wire transfers or any payments to the countries identified on OFAC's sentions list, or illihave traveled to a sanctioned country for pulposes of receiving medical providers located in a sanctioned country. Also, MetLife will not pay a claim to individuals who: I) are residing in a sanction site, or illihave traveled to a sanctioned country for pulposes of receiving medical or other treatment or services, subject to the Policy and or Supplementary contract terms and co			Drose	rintio	0 80/5 /010				
PLEASE FILL THE "PRE-DETERMINATION APPROVAL TELL TO TOWN!  Physician's Signature and Stamp:  Oman International Hospital  Oman International Hospital  Date: 13-11-2022  Date: 13-11-2022  Authorized 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 Metilife with the complete information's, including copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization. Any photocopy of this authorization hall be taken as the original copy. I hereby authorize Metilife to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby walve Metilife to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby walve Metilife to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby walve Metilife from any and all liability or cisim arising out or in connection with any failure and/or error in sending and receiving the SMS.  I understand Metilife will not provide coverage in, relimburse for treatment obtained in, relimburse for services received in, or make wire transfers or any payments to the countries identified on OFAC's searctions list, including but not limited to payments to any financial institutions or medical providers located in a sanctioned country. Also, Metilife by a residing in a sanctioned country of purposes of receiving medical, or other treatment or services, subject to the Policy and / or Supplementary contract terms and conditions  Data Transfer; I hereby give Metilife unambiguous consent, to process, share, and transfer lily personal data to any recipient will have sufficient inside or outside the country, including but not li			ries(	riptio	3011: 1917				
PLEASE FILL THE "PRE-DETERMINATION APPROVAL TELL TO TOWN"  Physician's Signature and Stamp:  Oman International Hospital  Oman International Hospital  Oman International Hospital  Date: 13-11-2022  Date: 13-11-2022  Date: 13-11-2022  Date: 13-11-2022  Date: 13-11-2022  Authorized any of my family members to provide MetLife with the complete information's, including copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization. Any photocopy of this authorization hall be taken as the original copy, 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 walve MetLife from any and all liability or claim arising out or in connection with any failure and/or error in sending and receiving the SMS.  I understand MetLife will not provide coverage in, relimburse for treatment obtained in, relimburse 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 provide with any failure and/or error in sending and receiving medical, or other treatment or sorvices, subject to the Policy and / or Supplementary contract terms and conditions  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 your Headquarters in the USA, NetLife branches, affiliates, Reinsurers, business partners, professional advisers, insurance brokers and/or service providers where MetLife believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) assisting MetLife in the development of MetLife business and products; (iii) Improving MetLife customers experience; (iv) for the complianc		1' /							
PLEASE FILL THE "PRE-DETERMINATION APPROVAL TELL TO TOWN!  Physician's Signature and Stamp:  Oman International Hospital  Oman International Hospital  Date: 13-11-2022  Date: 13-11-2022  Authorized 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 Metilife with the complete information's, including copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization. Any photocopy of this authorization hall be taken as the original copy. I hereby authorize Metilife to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby walve Metilife to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby walve Metilife to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby walve Metilife from any and all liability or cisim arising out or in connection with any failure and/or error in sending and receiving the SMS.  I understand Metilife will not provide coverage in, relimburse for treatment obtained in, relimburse for services received in, or make wire transfers or any payments to the countries identified on OFAC's searctions list, including but not limited to payments to any financial institutions or medical providers located in a sanctioned country. Also, Metilife by a residing in a sanctioned country of purposes of receiving medical, or other treatment or services, subject to the Policy and / or Supplementary contract terms and conditions  Data Transfer; I hereby give Metilife unambiguous consent, to process, share, and transfer lily personal data to any recipient will have sufficient inside or outside the country, including but not li									
PLEASE FILL THE "PRE-DETERMINATION APPROVAL TELL TO TOWN!  Physician's Signature and Stamp:  Oman International Hospital  Oman International Hospital  Date: 13-11-2022  Date: 13-11-2022  Authorized 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 Metilife with the complete information's, including copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization. Any photocopy of this authorization hall be taken as the original copy. I hereby authorize Metilife to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby walve Metilife to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby walve Metilife to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby walve Metilife from any and all liability or cisim arising out or in connection with any failure and/or error in sending and receiving the SMS.  I understand Metilife will not provide coverage in, relimburse for treatment obtained in, relimburse for services received in, or make wire transfers or any payments to the countries identified on OFAC's searctions list, including but not limited to payments to any financial institutions or medical providers located in a sanctioned country. Also, Metilife by a residing in a sanctioned country of purposes of receiving medical, or other treatment or services, subject to the Policy and / or Supplementary contract terms and conditions  Data Transfer; I hereby give Metilife unambiguous consent, to process, share, and transfer lily personal data to any recipient will have sufficient inside or outside the country, including but not li									
PLEASE FILL THE "PRE-DETERMINATION APPROVAL TELL TO TOWN"  Physician's Signature and Stamp:  Oman International Hospital  Oman International Hospital  Oman International Hospital  Date: 13-11-2022  Date: 13-11-2022  Date: 13-11-2022  Date: 13-11-2022  Date: 13-11-2022  Authorized any of my family members to provide MetLife with the complete information's, including copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization. Any photocopy of this authorization hall be taken as the original copy, 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 walve MetLife from any and all liability or claim arising out or in connection with any failure and/or error in sending and receiving the SMS.  I understand MetLife will not provide coverage in, relimburse for treatment obtained in, relimburse 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 provide with any failure and/or error in sending and receiving medical, or other treatment or sorvices, subject to the Policy and / or Supplementary contract terms and conditions  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 your Headquarters in the USA, NetLife branches, affiliates, Reinsurers, business partners, professional advisers, insurance brokers and/or service providers where MetLife believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) assisting MetLife in the development of MetLife business and products; (iii) Improving MetLife customers experience; (iv) for the complianc	ND. IN.	CASE OF SUBCERV HOSBITALIZATION AND	AAHAUK	ABDIC	OCRABHY TREADMILL ECHO DORRI ER OR RHYSIOT	HEDADY			
Physician's Signature and Stamp:    Date: 13-11-2022	IND: IN	MBB.C	H SEAN CE COLOR	ARDIC	GRAPHY, TREADMILL, ECHO DOPPLER OR PHYSIOT	HERAPT			
I hereby authorize any doctor, hospital, or medical provider, any insurance contrary 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's, 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. 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 walve MetLife to use my mobile number at lunderstand MetLife will not provide coverage in, reimburse for treatment obtained in, reimburse for services received in, or make wire transfers or any payments to the countries identified on OFAC's scanctions list, including but not limited to payments to any financial institutions or medical providers located in a sanctioned country. Also, MetLife will not provide swho! By a relating the residing in a sanctioned country if jore listed on to OFAC Specially Designated Nationals (SDN) list or any other international or local sanctions list; or Illhave traveled to a sanctioned country for purposes of receiving medical, or other treatment or services, subject to the Policy and / or Supplementary contract terms and conditions  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 your Headquarters in the USA, NetLife branches, affiliates, Reinsurers, business partners, professional advisers, insurance brokers and/or service providers where and products; (III) Improving MetLife outsomers experience; (iv) for the compliance with the applicable to MetLife, MetLife bulleness and products; (III) Improving MetLife outsomers experience; (iv) for the compliance with the applicable in that such recipients will	PLEAS	E FILL THE " PRE-DETERMINATION APPROVAL	REQUESTFORM	A"					
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's, 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. 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 or in connection with any failure and/or error in sending and receiving the SMS.  I understand MetLife will not provide coverage in, reimburse for treatment obtained in, reimburse for services received in, or make wire transfers or any payments to the countries identified on OFAC's searchions 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 individus who: i) are reciding in a sanctioned country if) are listed on the OFAC Specially Designated Nationals (SDN) list or any other international or local sanctions list; or Illhave traveled to a sanctioned country for purposes of receiving medical, or other treatment or services, subject to the Policy and / or Supplementary contract terms and conditions  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 your Headquarters in the USA, NetLife branches, affiliates, Reinsurers, business partners, professional advisors, insurance brokers and/or service providers where MetLife believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) assisting MetLife in the developme	Physician's Signature and Stamp: Oman International Hospital Date: 13-11-2022								
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's, including copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization. Any photocopy of this authorization 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 walve MetLife from any and all liability or claim arising out or in connection with any failure and/or error in sending and receiving the SMS.  I understand MetLife will not provide coverage in, reimburse for treatment obtained in, reimburse 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: () are residing in a sanctioned country if) are listed on the OFAC Specially Designated Nationals (SDN) list or any other international or local sanctions list; or Illhave traveled to a sanctioned country for purposes of receiving medical, or other treatment or services, subject to the Policy and / or Supplementary contract terms and conditions  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 Illinted to your Headquarters in the USA, NetLife branches, affiliates, Reinsurers, business partners, professional advisors, insurance brokers and/or service providers where MetLife believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) assisting MetLife in the development of MetLif	1 1193101	arra digitatare and damp	Mort						
about me and/or any of my family members to provide MetLife with the complete information's, including copies of their records with reference to my sickness or accident, any treatment, carmination, advice, or hospitalization. Any photocopy of this authorization as the original copy, 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 walve MetLife from any and all liability or claim arising out or in connection with any failure and/or error in sending and receiving the Sall to the control of									
treatment, examination, advice, or hospitalization. Any photocopy of this authorization shall be taken as the original copy. I hereby authorize Mett. Te to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby waive Mett. Te may not all liability or claim arising out or in connection with any failure and/or error in sending and receiving the SMS.  I understand Mett. The will not provide coverage in, reimburse for treatment or services received in, or make wine 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, Mett. Will not pay a claim to individuals who:) are restding in a sanctioned country (i) are listed on the OFAC Specially Designated Nationals (SDN) list or any other informational or local state of ill have traveled to a sanctioned country for purposes of receiving medical, or other treatment or services, subject to the Policy and / or Supplementary contract terms and conditions  Data Transfer: I hereby give Mett. If a unambiguous consent, to process, share, and transfer My personal data to any recipient whether inside or outside the country, including but not limited to your Neadquarters in the USA, Nett. Te branches, affiliates, Reinsurers, business partners, professional advisers, insurance brokers and/or service providers where Mett. Te believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) assisting Mett. Te in the development of Mett. The business and products; (iii) Improving Mett. Customers experience; (iv) for the compliance with the applicable to Mett. With the sufficient confidentiality obligations to procure international sanctions and other regulations applicable to Mett. With met. The such recipients will have sufficient confidentiality obligations to procure	I hereby	authorize any doctor, hospital, or medical provider, any insuf-	ande company or any o	ther com	pany, institution or any other person who has any record or information ing copies of their records with reference to my sickness or accident.	n anv			
arising out or in connection with any failure and/or error in sending and receiving the SMS.  I understand MetLife will not provide coverage in, reimburse for treatment obtained in, reimburse for services received in, or make wire transfers or any payments to the countries identified on OFAC's canctions 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 (SDM) list or any other international or local sanctions list, or Ill)have traveled to a sanctioned country for purposes of receiving medical, or other treatment or services, subject to the Policy and / or Supplementary contract terms and conditions 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 your headquarters in the USA, NetLife branches, affiliates, Roinsurers, business partners, professional advisers, insurance brokers and/or service providers where MetLife believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) easieting MetLife in the development of MetLife business and products; (iii) Improving MetLife customers experience; (iv) for the compliance with the applicable to MetLife MetLife will nesure that such recipients will have sufficient confidentially obligations to procure	treatmen	t, examination, advice, or hospitalization. Any photocopy of t	his authorization shall	be taken	as the original copy. I hereby authorize MetLife to use my mobile num	ber at			
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 if) are listed on the OFAC Specially Designated Nationals (SDN) list or any other international or local sanctions list; or Illhaws traveled to a sanctioned country for purposes of receiving medical, or other treatment or services, subject to the Policy and / or Supplementary contract terms and conditions  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 your Headquarters in the USA, NetLife branches, affiliates, Reinsurers, business partners, professional advisers, insurance brokers and/or service providers where MetLife believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) essisting MetLife in the development of MetLife business and products; (iii) improving MetLife customers experience; (iv) 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 confidentially obligations to procure	arising o	ut or in connection with any failure and/or error in sending an	d receiving the SMS.						
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 terms and conditions  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 your Neadquarters in the USA, NetLife branches, affiliates, Roinsurers, business partners, professional advisors, insurance brokers and/or service providers where MetLife believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) assisting MetLife in the development of MetLife business and products; (iii) Improving MetLife in the development of the compliance with other law enforcement agencies for International sanctions and other regulations applicable to MetLife will ensure that such recipients will have sufficient confidentiality obligations to procure									
terms and conditions  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 your Headquarters in the USA, NetLife branches, affiliates, Reinsurers, business partners, professional advisers, insurance brokers and/or service providers where MetLife believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) assisting MetLife in the development of MetLife business and regulations MetLife customers 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	pay a cla	im to individuals who: i) are residing in a sanctioned country;	(ii) are listed on the OF	AC Spec	ially Designated Nationals (SDN) list or any other international or local	I			
not Ilmited to your Headquarters in the USA, MetLife branches, affiliates, Reinsurers, business partners, professional advisers, insurance brokers and/or service providers where MetLife believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) assisting MetLife in the development of MetLife business and products; (iii) improving MetLife customers experience; (iv) for the compilance with the applicable laws and regulations; or (v) for the compilance with other is we enforcement agencies for international sanctions and other regulations applicable to MetLife, MetLife will ensure that such recipients will have sufficient confidentiality obligations to procure	terms an	d conditions							
MetLife believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) assisting MetLife in the development of MetLife business 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	Data Trac								
agencies for international sanctions and other regulations applicable to MetLife, MetLife will ensure that such recipients will have sufficient confidentiality obligations to procure		Mettife believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) assisting Mettife in the development of Mettife business and products; (iii) improving Mettife customers experience; (iv) for the compliance with a abalicable laws and resultations; or (v) for the compliance with other law							
the confidentiality of the personal information and provided that Meti He complies with anniholds have in received an exceeded a shades and transferred as 44-4	not limite MetLife b	agencies for international sanctions and other regulations applicable to MetLife, MetLife will ensure that such recipients will have sufficient confidentiality obligations to procure							
the commendating or the personal information and provinces that secure computes that in respect of sucto processhaft, sharing and transferring or that personal data, For clarity, personal data means any data/information related to insured and/or which might include any health, Identity and financial information or confact	not Ilmite MetLife t and prod agencies	for international sanctions and other regulations applicable				enal lane			
details, disclosed to MetLife at any time.	not Ilmite MetLife t and prode agencies the confi	for international sanctions and other regulations applicable dentiality of the personal information and provided that Meti.	ife compiles with applic						
فعيل الهامات والقام مريحة العين ومطوله ومثارية بيانات القيمية في بال على مراء على الم على مراء على القيمة المريحة عليها المريحة عليها المريحة عليها المريحة عليها المريحة عليها المريحة المريحة عليها المريحة المريحة عليها المريحة ا	not Ilmite MetLife to and prode agencies the confi- data. For	for International sanctions and other regulations applicable dentiality of the personal information and provided that MetL clarity, personal data means any data/information related to isclosed to MetLife at any time.	ife compiles with applic	's family	which might include any health, Identity and financial information or c				
سرية بيقات الدامسية، كانت الزاد الازديا ويبين الديلة والداملة وينا الامول والمستري والمسترية والمسترية الدين التحويل الدين التحويل المسترية الدين التحويل المسترية المارة المسترية المارة التحويل المسترية المارة المسترية المارة التحويل المسترية المارة المارة المارة المسترية المارة المسترية المارة المسترية المارة المسترية المارة المسترية المارة المسترية المارة المارة المسترية المارة	not Ilmite MetLife to and prode agencies the confi- data. For	for international sanctions and other regulations applicable dentiality of the personal information and provided that Met. clarity, personal data means any data/information related to isclosed to MetLife at any time.	ife compiles with applic	's family	which might include any health, Identity and financial information or c				
مطيمات كان جن هويالها مطيمات مالية ان مطيمات الإلحمال وكالي تم الإلحمال حقيا في ان وفت.	not Ilmite MetLife to and prode agencies the confi- data. For	for international sanctions and other regulations applicable dentiality of the personal information and provided that Met. clarity, personal data means any data/information related to isclosed to MetLife at any time.	ife compiles with applic	's family					
مطیعات کال جن هوریالاه مطیعات مقابله این مطیعات و کلی ام و واقت این این و های این و های این و های این و های این	not Ilmite MetLife to and prode agencies the confi- data. For	for international sanctions and other regulations applicable dentiality of the personal information and provided that Met. clarity, personal data means any data/information related to isclosed to MetLife at any time.	ife compiles with applic	's family	which might include any health, Identity and financial information or c				

Physician Copy

Hospital Ref.: 0 Co pay(OR): Med O/P-1.0 Co-Ins: Med O/P-100.0 Med VP-1000



### Al Afia Healthcare Development & Investment Company S.A.O.C

Muscat

CR No: 1281919 Phone: 24903500

E-mail: contact@omanihospital.com Website: www.omaninternationalhospital.com



## AMERICAN LIFE INSURANCE COMPANY (MetLife).

CR NO.: 1281919

Patient No. 9001346

Name MOHAMED ALI NASSER ALHARTHI

Policy No. 4472600001/OM776 Doctor Dr. Mohammed Al Lamki

UNIT	GROSS	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE	
2022/11/13	14:50 - 2022/11	/13 14:50	E	EPISODE <b>E.001124751</b>	
	25.000				
1.00	25.000	0.000	1.000	24.000	
GF	ROSS TOTAL 25.000	DISCOUNT 0.000	PATIENT SHARE	INSURANCE PAYABLE 24.000	
	2022/11/13	2022/11/13 14:50 - 2022/11/ <b>25.000</b> 1.00 25.000 GROSS TOTAL	2022/11/13 14:50 - 2022/11/13 14:50 25.000  1.00	2022/11/13 14:50 - 2022/11/13 14:50 E  25.000  1.00	

Patient Share: 1.000 One Rial Omani

AMERICAN LIFE INSURANCE COMPANY (MetLife). Total: 24.000 Twenty Four Rial Omani





### Al Afia Healthcare Development & Investment Company S.A.O.C

Muscat

CR No: 1281919 Phone: 24903500

E-mail: contact@omanihospital.com

Website: www.omaninternationalhospital.com



AMERICAN LIFE INSURANCE COMPANY (MetLife).

CR NO.: 1281919

Patient No. 9001346

Name MOHAMED ALI NASSER ALHARTHI

Policy No. 4472600001/OM776 Doctor Dr. Mohammed Al Lamki

DESCRIPTION	UNIT	GROSS	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
V.OP001045286 - Outpatient	2022/11/13	2022/11/13 15:54 - 2022/11/13 15:54			EPISODE <b>E.001130825</b>
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
	GRO	DSS 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



# 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 <sup>-3</sup> /μL
CBC	RBC	4.43	4.2 – 6.1	10 <sup>-6</sup> /μL
CBC	HGB	10.1	12.0 - 18.0	g/dL
CBC	НСТ	33.4	37 - 52	%
CBC	MCV	75.2	80 - 99	fL
CBC	МСН	22.8	27 - 31	pg
CBC	МСНС	30.3	33 - 37	g/dl
CBC	RDW	14.7	11.5 – 14.5	%
CBC	PLT	232	130 - 400	10 <sup>-3</sup> /μL
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	%
СВС	NRBC%	00	0.0 - 2.0	NRBC/100
CBC	NEUT#	2.64	1.9 – 8.0	10 <sup>-3</sup> /μL

CBC	LYMPH#	2.86	0.9 – 5.2	10 <sup>-3</sup> /μL
СВС	MONO#	0.22	0.16 – 1.0	10 <sup>-3</sup> /μL
СВС	EOS#	0.19	0.0 - 0.8	10 <sup>-3</sup> /μL
CBC	BASO#	0.09	0.0 - 0.2	10 <sup>-3</sup> /μL
CBC	NRBC#	00	0.0 - 0.20	10 <sup>-9</sup> /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	mL/min/1.73 m <sup>2</sup>
Renal Function	Na	147	Adults (Serum / Plasma) Serum 136–145 mmol/L (136–145 mEq/L) Plama 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	lron	59	Adults ( Serum ) 65–175	μg/dL

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



Dr. Mohamed Al Zaabi MD, FRCPath