



Oman Qatar Insurance Company

Oman Qatar Insurance Company
4th Floor, AL Nawras Commercial Center Building, Near HSBC, P.O.Box 3660, Al Khuwa

Direct Billing Claim Form

Date: 11/11/2022 19:44

Provider: OMAN INTERNATIONAL HOSPITAL

MR No

Patient Name: MOHAMMED SAID ALRAHBI



Principal Mem

Oman Qatar Insurance Company S.A.O.G

Company : OMAN INTERNATIONAL HOSPITAL

Member ID: MEM22000450

Name : MOHAMMED SAID ALRAHBI

YOB : 1989

DOB / Age: 18/07/1989 / 32

Div/Staff Id : 86

Gender: Male

Member Id : MEM22000450

From : 28-DEC-21

Network : PEARL INCLUDING OIH

To : 27-DEC-22

Marital Status: Single

Maternity: NO Dental: NO Optical: NO Ded: #####%

OP Ded @ All providers Except OIH : 20 % (Max 20 RO)

PA Code

☐ New Visit

☐ Follow-up

☐ OP

☐ ER

☐ Day care

☐ IP

In case in-patient admission is recommended

Admission Date: dd / mm / yyyy

Length of Stay:

To be filled by Medical Practitioner

Present Illness Details:

Past Medical History:

.....

.....

N/y, abnl LFT, dizziness

.....

Fever cough, sore throat

.....

☐ Acute

☐ Chronic

☐ Accident

☐ Hereditary/Congenital

☐ Work Related

☐ Pregnancy

LMP: dd / mm / yyyy

Diagnosis: Mandatory

Duration of Illness: Mandatory

acute upper respiratory infection

Lab / Radiology:

Code

Procedure

Medical Practitioner Declaration

Patient Declaration

I hereby certify that all medical information mentioned is to the best of my knowledge true and the medical services shown on this form are medically indicated & necessary for the management of the patient medical condition.

Treating Physician:

Speciality:

Contact No:

Signature or Stamp:

Dr. Seyedeh Zahra Ghiasi
General Practitioner
MOH License No. 20591
Oman International Hospital

I hereby certify that the entire particulars given above are true. I hereby authorize Oman Qatar Insurance Company to discuss, access and obtain a copy of my health records (or any of my dependent's records) that may be requested by them or their appointed representative. I also agree that a copy of this declaration stands valid as original.

Parent/Guardian

Signature:

Mobile No:

Date & Time

11/11/2022 19:44



OMAN QATAR INSURANCE
COMPANY

CR NO.: 1281919

Patient No. 9000935
Name MOHAMMED SAID ALRAHBI
Policy No. MEM22000450
Doctor Dr. SeyedehZahra Ghiasi

DESCRIPTION	UNIT	GROSS	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
V.OP001044705 - Outpatient		2022/11/11 20:44 - 2022/11/11 20:44		EPISODE E.001130215	
LAB INVESTIGATIONS		34.000			
CBC (Complete Blood Count) 2022-11-11 05.06.00.007 Dr. SeyedehZahra Ghiasi	1.00	7.000	0.000	0.000	7.000
CRP (C-REACTIVE PROTEIN) 2022-11-11 05.02.00.0079 Dr. SeyedehZahra Ghiasi	1.00	7.000	0.000	0.000	7.000
LIVER PROFILE, EXTENDED (LFT+G-GT) - bill seperately with hepatic panel and GGT 2022-11-11 05.02.00.00147 Dr. SeyedehZahra Ghiasi	1.00	10.000	0.000	0.000	10.000
RENAL PROFILE (UREA,CR,URIC ACID,NA,K,CL) 2022-11-11 05.02.00.054 Dr. SeyedehZahra Ghiasi	1.00	10.000	0.000	0.000	10.000
GROSS TOTAL		34.000	DISCOUNT	0.000	INSURANCE PAYABLE
			0.000		34.000

Patient Share: 0.000 None
OMAN QATAR INSURANCE COMPANY Total: 34.000 Thirty Four Rial Omani



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

LABORATORY REPORT

Report date: 11/11/2022

Patient ID: 9000935

Patient Name: MOHAMMED SAID AL RAHBI

Gender: MALE

Date of Birth: 18/07/1989

	TEST	RESULT	REF RANGE	UNITS
CBC	WBC	3.73	5.2 – 12.4	$10^3/\mu\text{L}$
CBC	RBC	5.80	4.2 – 6.1	$10^6/\mu\text{L}$
CBC	HGB	13.1	12.0 - 18.0	g/dL
CBC	HCT	42.0	37 - 52	%
CBC	MCV	72.4	80 - 99	fL
CBC	MCH	22.5	27 - 31	pg
CBC	MCHC	31.1	33 - 37	g/dl
CBC	RDW	14.7	11.5 – 14.5	%
CBC	PLT	180	130 - 400	$10^3/\mu\text{L}$
CBC	MPV	6.6	7.2 – 11.1	fL
CBC	NEUT%	39.2	40 - 74	%
CBC	LYMPH%	45.1	19 - 48	%
CBC	MONO%	8.1	3.4 - 9	%
CBC	EOS%	2.2	0.0 - 7	%
CBC	BASO%	2.1	0.0 - 1.5	%
CBC	NRBC%	0	0.0 - 2.0	NRBC/100
CBC	NEUT#	1.46	1.9 – 8.0	$10^3/\mu\text{L}$

CBC	LYMPH#	1.68	0.9 – 5.2	$10^{-3}/\mu\text{L}$
CBC	MONO#	0.30	0.16 – 1.0	$10^{-3}/\mu\text{L}$
CBC	EOS#	0.08	0.0 – 0.8	$10^{-3}/\mu\text{L}$
CBC	BASO#	0.12	0.0 – 0.2	$10^{-3}/\mu\text{L}$
CBC	NRBC#	0	0.0 – 0.20	$10^{-9}/\text{L}$
LFT	ALP	49	Adult 46–116	U/L
LFT	GGT	29	Adult males < 73; Adult females < 38 U/L	U/L
LFT	T BIL	0.6	0-1 years - < 8.0 (137) 1-2 years - < 12.0 (205) 3-5 years - < 16.0 (274) >5-60 years - 0.3–1.2 (5–21) 60-90 years - 0.2–1.1 (3–19) >90 years - 0.2–0.9 (3–15)	mg/dL ($\mu\text{mol/L}$)
LFT	D BIL	0.6	Adults: ≤ 0.3	mg/dL($\mu\text{mol/L}$)
LFT	ALT	139	Adult 10–49	U/L
LFT	AST	94	Adults <60 years: < 34	U/L
LFT	ALB	4.8	Adult 3.2–4.8 (32–48)	g/dL (g/L)
LFT	TP	9.0	Adult 5.7–8.2 (57–82)	g/dL (g/L)

Renal Function	Na	140	<p>Adults (Serum / Plasma)</p> <p>Serum 136–145 mmol/L (136–145 mEq/L)</p> <p>Plasma 136–145 mmol/L (136–145 mEq/L)</p> <p>Adults Urine</p> <p>Urine 40–220 mmol/L/24 hr (40–220 mEq/L/24 hr)</p>
Renal Function	K	4.79	<p>Adults (Serum / Plasma)</p> <p>Serum 3.5–5.1 mmol/L (3.5–5.1 mEq/L)</p> <p>Plasma 3.4–4.5 mmol/L (3.4–4.5 mEq/L)</p> <p>Adults Urine</p> <p>Urine 25–125 mmol/L/24 hr (25–125 mEq/L/24 hr)</p>
Renal Function	Cl	106	<p>Adults (Serum / Plasma)</p> <p>Serum 98–107 mmol/L (98–107 mEq/L)</p> <p>Plasma 98–107 mmol/L (98–107 mEq/L)</p> <p>Adults Urine</p> <p>Urine 110–250 mmol/L/24 hr (110–250 mEq/L/24 hr)</p>
Renal Function	Urea	13	<p>Adults (Serum / Plasma)</p> <p>9–23 mg/dL (3.2–8.2 mmol/L)</p> <p>Adults Urine</p> <p>12–20 g/day (0.43–0.71 mol/day)</p>

Renal Function	Creatinine	0.83	Adult Males (Serum / Plasma) 0.70–1.30 mg/dl (62–115 μ mol/L) Adult females (Serum / Plasma) 0.55–1.02 mg/dL (49–90 μ mol/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)
			Adult Males (Serum /Plasma) 3.7–9.2 mg/dL (220–547 μ mol/L) Adult females (Serum / Plasma) 3.1–7.8 mg/dL (184–464 μ mol/L) Adults Urine 250–750 mg/day (1.48–4.43 mmol/day)
Renal Function	Uric Acid	5.3	
CRP	C - Reactive protein (CRP)	< 0.4	Adults (Serum) < 0.5 mg/dL




Dr. Mohamed Al Zaabi MD, FRCPath