

For MetLife's Use Only

Barcode

CARDIOLOGY



GULF OPERATIONS

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

24 Hour UAE Toll free : 800 62062

Fax : (971 - 4) 415 4493

1900hrs

MANAGED CARE CLAIM FORM

FORM No. 22110080FC09981

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

P	Diagnosis Description	ICD-9	P	Diagnosis Description	ICD-9
	Angina Pectoris	413.9		Ischemic Heart Disease	414.9
	Valve Stenosis	424.1		Myocardial Infarction	410.9
	Atherosclerosis	440.9		Palpitation	785.1
	Atrial Fibrillation	427.31		Peripheral Vascular Ischemia	443.9
	Bradycardia	427.89		Pleurisy / Pleural Effusion	511.0
	Cardiac Dysrhythmia	427.9		Pulmonary / Lung Edema	518.4
	Cardiac Murmurs	785.2		Pulmonary Embolism / Infarction	415.1
	Cardiomegaly	429.3		Rheumatic Heart Disease	398.90
	Cardiac Murmurs	785.2		Shortness of Breath	786.05
	Chest Pain	786.50		Tachycardia	785.0
	Congestive Heart Failure	428.0		Thrombophlebitis	451.9
	Deep Venous Thrombosis	453.9		Varicose Veins, Leg	454.9
	Endocarditis Acute	421.9		Ventricular Fibrillation	427.41
	Hyperlipidemia	272.4		Other Diagnoses	
	Hypertension	401.9			
	Hypotension	458.9			

Physician Request

ECG, TMT, ambulatory 24 hours BP mapping

Prescription

Triplixam 10/2.5/10 mg od.

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

Physician's Signature and Stamp: Dr. Mohamed Al-Murhami

Date: 10-11-2022

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'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. 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 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: 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 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 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.

تحويل البيانات: إذا أبلغت مختلف موظفة صريحة لتحويل، ومعالجة ومشاركة بياناتي الشخصية إلى أي ملحق سواء كان داخلي أم خارج الدولة، بما في ذلك على سبيل المثال لا الحصر: مع شركة متاهيف في الولايات المتحدة الأمريكية، فروع شركة، شركات تفويض، شركات إمداد التأمين، شركات في الإصدار، المستشارين، وسطاء التأمين وأو مزودي الخدمات عندما تطلب بأن نقل أو مشاركة هذه البيانات الشخصية لأحد من (أ) تلك الشركات بموجب اتفاقية التأمين، (ب) المساعدة في تطوير المنتجات والإصدار، (ج) تحسين تجربة تعامل ذوي الشركة، (د) الترويج والاعتماد على المنطقة (هـ) لتأجير وإدارة التأمين الأخرى التي جاءت تلك الشركات لتأمين ذات الصلة والخدمات الإدارية والأطراف الأخرى المنطقة والتسوية لشركة متاهيف. متاهيف تأكد لتزويدها تجاه الملتزم بالتزامات تعاقدية فاعية للمحافظة على وضمان سرية بياناتك الشخصية، تلك الوثائق لا يجب أن يتم أيها بموجب القوانين المحلية والمحافظة بهذا التحليل والمعالجة والمشاركة لبياناتك الشخصية. لغرض توضيح، على بياناتك الشخصية أي بيانات معلومات منطقة به وأمر عليك وعلى لا تحتوي على أي معلومات صحية. معلومات نقل عن هؤلاء، معلومات مالية أو معلومات الإصدار وعلى تم الإصدار عليها في أي وقت.

Employee's Signature :

Date : 10-11-2022

Physician Copy

Hospital Ref. : 1 Co pay(OR): Med O/P- 1.0 Co-ins : Med O/P- 100.0 Med I/P- 100.0 Den- 100.0 Pharmacy- 100.0



**OMAN
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HOSPITAL**
MANAGED BY IDEALMED OHS
مستشفى عُمان الدولي
بالتفويض

**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

**INVOICE NO. I
OIHOP2022/77878**



2022-11-10 - Original

AMERICAN LIFE INSURANCE COMPANY (MetLife).

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

CR NO.: 1281919

DESCRIPTION	UNIT	GROSS	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
V.OP001038885 - Outpatient	2022/11/10 19:16 - 2022/11/10 19:16				EPISODE E.001124109
CONSULTATIONS		25.000			
Cardiology Consultation - Consultant - First Consultation					
2022-11-10 01.04.00.008	1.00	25.000	0.000	1.000	24.000
Dr. Mohammed Al Mukhaini					
		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



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HOSPITAL
MANAGED BY ISHAALMED OMS
مستشفى عُمان الدولي
بريد إلكتروني: info@omanihospital.com

Al Afia Healthcare Development &
Investment Company S.A.O.C
Muscat
CR No: 1281919
Phone: 24903500
E-mail: contact@omanihospital.com
Website: www.omaniinternationalhospital.com

INVOICE NO. I
OIHOP2022/77897



2022-11-10 - Copy

AMERICAN LIFE INSURANCE COMPANY (MetLife).

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

CR NO.: 1281919

DESCRIPTION	UNIT	GROSS	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
V.OP001038885 - Outpatient	2022/11/10 19:16 - 2022/11/13 17:51				EPISODE E.001124109
SPECIALTIES TREATMENTS AND EXAMINATIONS		10.000			
ECG-Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	1.00	10.000	0.000	0.000	10.000
2022-11-10 06.06.00.002 Dr. Mohammed Al Mukhaini					
		GROSS TOTAL	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
		10.000	0.000	0.000	10.000

Patient Share: 0.000 None

AMERICAN LIFE INSURANCE COMPANY (MetLife). Total: 10.000 Ten Rial Omani

Al harthi, Mohamed ali nasser
ID 5061346

05/11/1980
42 Years

Male

10/11/2022 19:01:58
Orman International Hospital

Location
Room
Order Number
Indication
Medication 1
Medication 2
Medication 3

82 bpm
/ mmHg

QT/QTc Baz
PR
RR/PP
P/QRST

80 ms
362 / 422 ms
140 ms
90 ms
730 / 831 ms
41 / 24 / 29 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

