



Direct Billing Claim Form

Date: 01/10/2022 09:39

Provider: OMAN INTERNATIONAL HOSPITAL

MR No

Patient Name: ARWA MOHAMMED KHALFAN AL TUBI



Principal Mem Daughter of Mohammed Khalfan Abdullah Al Tu

Oman Qatar Insurance Company S.A.O.G

Member ID: MEM19021930

Company : CC Energy Development SAL (Oma

DOB / Age: 11/03/2016 / 6

Name : ARWA MOHAMMED KHALFAN AL YOB : 2016

Gender: Female

Div/Staff Id : 1960-4

Member Id : MEM19021930

From : 01-JUL-22

Network : EMERALD

To : 30-JUN-23

Marital Status: Single

Maternity: NO Dental: YES Optical: YES Ded: NIL

Ayurveda & Homeopathy : Covered

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:

Abdominal pain

Past Medical History:

.....

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.....

.....

☒ Acute
 ☐ Chronic
 ☐ Accident
 ☐ Hereditary/Congenital
 ☐ Work Related
 ☐ Pregnancy
 LMP dd / mm /

Diagnosis: Mandatory

Acute Abdomen.

Duration of Illness: Mandatory

Lab / Radiology:

CBC.

Urine and stool analysis

Dysuria

Code Procedure

Flagyl suspension

Pamidol

Medical Practitioner 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:

99197518

Dr. Jose Antonio Colina

Internal Medicine Specialist

MOH License No: 22721

Oman International Hospital

Patient Declaration

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

Parent/Guardian

Signature:

Date & Time



OMAN
INTERNATIONAL
HOSPITAL
MANAGED BY MEDALMED OHS
مستشفى عمان الدولي
بمسؤولية طبية

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
OIHOP2022/59052



2022-10-01 - Copy

OMAN QATAR INSURANCE COMPANY

Patient No. 9024810...
Name ARWA MOHAMMED KHALFAN AL TUBI
Policy No. 19021930
Doctor Dr. Jose Colina

CR NO.: 1281919

DESCRIPTION	UNIT	GROSS	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
V.OP001028873 - Outpatient		2022/10/01 10:39 - 2022/10/01 10:39		EPISODE E.001113643	
CONSULTATIONS		12.000			
Internal Medicine Consultation - Specialist -					
First Consultation					
2022-10-01	01.04.00.0106	1.00	12.000	0.000	12.000
Dr. Jose Colina					
GROSS TOTAL		12.000	DISCOUNT	0.000	PATIENT SHARE
				0.000	INSURANCE PAYABLE
					12.000

Patient Share: 0.000 None

OMAN QATAR INSURANCE COMPANY Total: 12.000 Twelve Rial Omani



OMAN QATAR INSURANCE COMPANY

Patient No. 9024810
 Name ARWA MOHAMMED KHALFAN AL TUBI
 Policy No. 19021930

CR NO.: 1281919

DESCRIPTION	UNIT	GROSS	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
PHARMACY		1.540			
ADOL SUSPENSION 250MG 100ML (PARACETAMOL)					
2022-10-01 M-001543	1.00	0.640	0.000	0.000	0.640
FLAGELLAT FORTE SUSPENSION 200MG/5ML (METRONIDAZOLE)					
2022-10-01 M-001894	1.00	0.900	0.000	0.000	0.900
		GROSS TOTAL	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
		1.540	0.000	0.000	1.540

Patient Share: 0.000 None

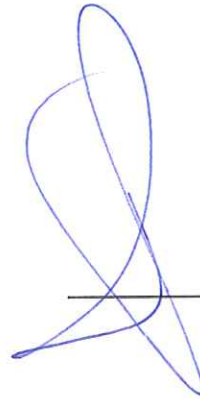
OMAN QATAR INSURANCE COMPANY Total: 1.540 One Rial Omani and Five Hundred Fourty Baisa

PRESCRIPTION

ARWA MOHAMMED KHALFAN AL TUBI

Patient No. 9024810
Gender Female
Birth Date 2016/05/24
Mobile No. 99349234
Nationality Country Oman
Insurance OMAN QATAR INSURANCE COMPANY
Policy No.

NO.	MEDICATION	INSTRUCTIONS	DURATION	QUANTITY	REFFIL
1	FLAGYL-S SUSPENSION (METRONIDAZOLE) 200MG/5ML 100 ML	Give 5 mL orally every 8 hours for 3 days	3 days	1	
2	PANADOL CHILDREN 5-12YRS 240MG/5ML SUSPENSION- 100ML BOTTLE (PARACETAMOL)	Give 5 mL orally every 8 hours for 3 days	3 days	1	



Dr. José Collina
Internal Medicine Specialist
MOH License No: 22721
Oman International Hospital

Doctor's signature

