



الوطنية للتأمين على الحياة والعام
NATIONAL LIFE & GENERAL INSURANCE
Ominvest Group
مجموعة أومينفست



0857-2022-00014501



Oman Network Claim

Call center / Hotline numbers - 24730939,99441859,99343623

Claim Form No: 0857-2022-00014501

I. Provider Information

Provider Name: OMAN INTERNATIONAL HOSPITAL
Doctor Name: Sara Ghashghel
Speciality: General Practitioner
Date of Visit: 19-Oct-2022 10:32:03
Contact No: 968-90613556

II. Member Information

Member Id: D055601575
GSM: 968-98088024
DOB/Age/Gender: 19-Sep-1979 / 42 / FEMALE
Validity Period: 01-Feb-2022 to 31-Jan-2023
Excess: 0 OMR
Notes:
Member Name: MUNIRA MALIK MOHESIN
Company Name: DALEEL PETROLEUM LLC
Nationality: OMANI
Cover: IP/OP/PEC/Chronic/Optical/Dental/Maternity
Relationship: STAFF
Clinics: A+,A,B
Inhouse Pharmacy: Yes

III. Medical Information

1. Presenting Complaints in chronological order

S.No.	Complaint	Duration	History of Presenting Complaints
1			
2			
3			
4			
5			

2. Past Medical History ☐ DM ☐ HTN ☐ CAD ☐ DLP ☐ Thyroid Disorder ☐ Seizer disorder ☐ Malignancy ☐ other

3. Diagnosis

Tick	Code	Description
	D57.1	Anaemia
	G44.1	Vascular headache
	H66.90	Otitis media
	J00	Acute nasopharyngitis [common cold]
	J06.9	Acute upper respiratory infection
	K29.70	Gastritis
	K59.00	Constipation
	M54.2	Cervicalgia
	M60.9	Myositis
	N39.0	Urinary tract infection
	R07.9	Chest pain
	R11.10	Vomiting
	R50.2	Fever
	T30.0	Burn of unspecified body region
	T63.001A	Toxic effect of unspecified snake venom

Tick	Code	Description
	E11.9	Type 2 diabetes mellitus
	H10.33	Unspecified acute conjunctivitis, bilateral
	I10	Essential (primary) hypertension
	J03.90	Acute tonsillitis
	J20.9	Acute bronchitis
	K52.3	Indeterminate colitis
	M25.50	Pain
	M54.5	Low back pain
	N23	Unspecified renal colic
	R05	General Practitioner
	R10.9	Unspecified abdominal pain
	R42	Unspecified dizziness and giddiness
	T14.90	Injury
	T57.91	Toxic effect of unspecified inorganic substance
	T78.40	Allergy

3. (a). Other Diagnosis (if not listed above)

4. Investigation Request

5. Prescription:

6. Date of Admission:

Date of Discharge:

7. Declaration

7. (a). Physician's Declaration

I hereby declare that I am the patient's attending physician and that the information furnished in this claim form and related details are true and correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to the claim, then I unconditionally agree that M/s. National Life & General Insurance Co SAOG (NLGIC) shall not have any liability whatsoever on the settlement of the claim.

Medical Practitioner's Signature, Stamp

Date: 19-Oct-2022 10:32:03

7. (b). Patient's/Guardian's Declaration and consent

1. I confirm that I am the patient or patient's parent / guardian (if under 18 years of age) and hereby confirm that all particulars given above are, to the best of my knowledge, is true and correct. Further, I hereby authorise the attending medical practitioner or medical provider to provide any health details or medical records to the representative of National Life & General Insurance Co. SAOG (NLGIC) with complete information, including copies of those records with reference to my sickness or accident. I hereby authorise NLGIC to use my mobile number for communicating insurance benefits and medical claim / approval notifications / confirmations.

2. I guarantee to pay immediately to the treating medical facility for any expense that are not covered by my insurance or in excess of the limits provided under my plan.

Patient's/Guardian's Signature

Date: 19-Oct-2022 10:32:03



NATIONAL LIFE GENERAL INSURANCE COMPANY

Patient No. 9003901
Name MUNIRA MALIK MUHSEIN AL HARTHY
Policy No. D055601575

CR NO.: 1281919

DESCRIPTION	UNIT	GROSS	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
V.OP001035593 - Outpatient CONSULTATIONS	2022/10/19 10:30 - 2022/10/19 10:30	5.000			EPISODE E.001120684
Consultation GP 2022-10-19 9 Dr. Sara Ghashghaei	1.00	5.000	0.000	0.000	5.000
		GROSS TOTAL	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
		5.000	0.000	0.000	5.000

Patient Share: 0.000 None

NATIONAL LIFE & GENERAL INSURANCE COMPANY Total: 5.000 Five Rial Omani



2022-10-19 - Original

Patient No. 9003901
Name MUNIRA MALIK MUHSEIN AL HARTHY
Policy No. D055601575

CR NO.: 1281919

DESCRIPTION		UNIT	GROSS	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
PHARMACY			3.841			
LORINE 10MG TABLET 10'S (LORATADINE)						
2022-10-19	M-000908	10.00	1.500	0.000	0.000	1.500
STOPKOF COUGH SYRUP (DIPHENHYDRAMINE - AMMONIUM CHLORIDE) 100ML BOTTLE						
2022-10-19	M-000847	1.00	0.800	0.000	0.000	0.800
PANADOL EXTRA TABLETS 500 / 65 MG TABLET-48's (PARACETAMOL+ CAFFEINE)						
2022-10-19	M-000038	48.00	1.541	0.000	0.000	1.541
GROSS TOTAL			DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE	
3.841			0.000	0.000	3.841	

Patient Share: 0.000 None

NATIONAL LIFE & GENERAL INSURANCE COMPANY Total: 3.841 Three Rial Omani and Eight Hundred Fourty One Baisa

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PRESCRIPTION

MUNIRA MALIK MUHSEIN AL HARTHY

Patient No. 9003901
 Gender Female
 Birth Date 1979/09/19
 Mobile No. 98088024
 Nationality Country Tanzania
 Insurance NATIONAL LIFE & GENERAL
 INSURANCE COMPANY
 Policy No.

NO.	MEDICATION	INSTRUCTIONS	DURATION	QUANTITY	REFILL
1	STOPKOF COUGH SYRUP (DIPHENHYDRAMINE - AMMONIUM CHLORIDE) 100ML BOTTLE	q8h	3 days	1	
2	LORINE 10MG TABLET 10'S (LORATADINE)	Q12H	5 days	1	
3	BBC THROAT SPRAY- 25 ML BOTTLE		3 days	1	
4	OTRIVIN 0.1% NASAL SPRAY (XYLOMETAZOLINE HCL)	Q12H	3 days	1	
5	PANADOL EXTRA TABLETS 500 / 65 MG TABLET-48's (PARACETAMOL+ CAFFEINE)	q6h	6 days	1	
6	ULTRA VITAMIN C 500MG TABLETS 60'S	QD	15 days	15	



Dr. Sara Ghashghaei



Doctor's signature