VIPUL BETTER CARE
Management Services LLC

فيبول الأفضل
للعناية والخدمات ش.م.م

OUT PATIENT CLAIM FORM

Name of the Patient				Age		Sex	
VBC Card No		Corporate Name					
Name of the Employee		Employee No					
Relation		Patient Phone No:					
Diagnosis:							
Procedure:							
Nature of the illness with Presenting Complaint							
History of any past illness relevant to present disease							
Whether present ailment is a complication of any pre-existing disease /operation?							
In case of ACCIDENTS:__Y /__N		Is it RTA, if yes Date of Injury					
Alcohol or Drug intoxication Y N		Alcohol or Drug intoxication Y N					
Vitals:	BP		Pulse		Temperature		
Duration of ailment							
Period of Treatment		From		To			
Name of the Doctor							
Name of the Hospital/Clinic							
Address of the Hospital/Clinic							

Service Name	Description	Riyals	Baizas
Consultation			
Medicines			
Lab Tests			
Total RO In Words			

Signature of the Patient

Doctors Siganture & Stamp

Date