Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MUHAMMAD khurram AZIZ ABDUL AZIZ**	**Service Date**	:**05-May-2024**	**Network**	: Green
Card No	: **I017-029-119448912-01**	**Health Provider**	:**Irham Medical Center Arjan**	**Direct Access SP - YES**	
Policy Holder	: **MUHAMMAD khurram AZIZ ABDUL AZIZ**	**Doctor's Name**	:**Humaira**		
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	: **E CARE - Green Network**	**Remarks**	:		
Validity	: **01-10-2023** To **30-09-2024**				
Gender	: **Male**				
Date Of Birth	: **15-Jan-1981**				
Patient's Tel No	: **0521678612**				

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : co prulant cough breathing diffculty nasal blockage running nose bodyache fever oe chest is congested no added sounds vitals stable **Duration:**

Vitals: Temp : 36.7 Bp :124 Pulse :72 Resp :22

Clinical Findings:

Diagnosis: J30.9 - Allergic rhinitis, unspecified,J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough, **Date of Onset:**06/48/2024

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,0006-402803-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost :**

Prescriptions: 0097-393801-2471 - (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE),0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS, **Estimated Cost :**

MEDICAL PRACTITIONER DECLARATION :

I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Humaira

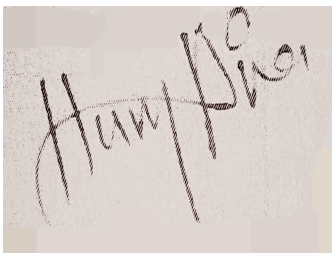
Stamp :

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 06-May-2024

Signature :



Date : 06-May-2024