Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: PRAGATI BHATTARAI**
Card No	**: I035-029-118228900-01**
Policy Holder	**: PRAGATI BHATTARAI**
Payer Name	**: SALAMA – Islamic Arab Insurance Company**
TPA	**: E CARE - Blue Network**
Validity	**: 28-10-2023** To **27-10-2024**
Gender	**: Female**
Date Of Birth	**: 30-Mar-1999**
Patient's Tel No	**: 5222854263**

Service Date :09-May-2024 **Network** : Green

Health Provider **:Irham Medical Center Arjan** **Direct Access SP - YES**

Doctor's Name **:Humaira**

Co-Insurance :

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

Remarks :

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

Chief Complaints : co fever cough dry running nose 4 days oe chest is congested no added sounds advised one day rest **Duration:**

Vitals: Temp : 37.2 Bp :98 Pulse :105 Resp :20

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough, **Date of Onset** :09/16/2024

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN ,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,96372, THER/PROPH/DIAG INJ SC/IM,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP **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.

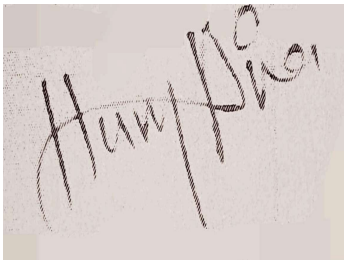
Dr's Name : Humaira

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 : 09-May-2024

Signature : 

Date : 09-May-2024