Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **SAJAWAL ALI GHULAM RASOOL**	**Service Date**	:**09-May-2024**
Card No	: **I017-029-117511033-02**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **SAJAWAL ALI GHULAM RASOOL**	**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	: **14-Jan-1994**		
Patient's Tel No	: **0559916801**		

Network : Green

Direct Access SP - YES

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 chest pain cough dry 3 days history of asthma oe chest is congested no added sounds enlarge and inflamed vitals stable **Duration:**

Vitals: Temp : 36.8 Bp :126 Pulse :96 Resp :20

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,R52 - Pain, unspecified,R05 - Cough, **Date of Onset** :09/55/2024

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP **Estimated Cost** :

Prescriptions: 0669-533801-0391 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS,0005-119805-1171 - (PREDNISOLONE : 5 MG) TABLETS,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

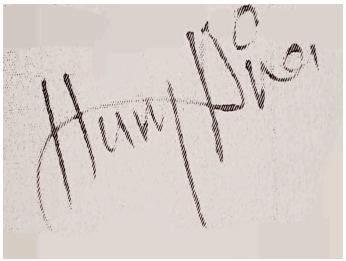
Stamp :

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