

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : GIRIDHAR DUGGENA
Card No : I005-029-115888608-01
Policy Holder : GIRIDHAR DUGGENA

Payer Name : DUBAI INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 25-08-2023 To 24-08-2024

Gender : Male

Date Of Birth : 08-Nov-1980

Patient's Tel No : 0527414425

Service Date :16-May-2024

Health Provider :Irham Medical Center Arjan

Doctor's Name :Humaira

Network : Green

Direct Access SP - YES

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 difficulty in moving bodyache history of mosquito bites itching all over the body oe chest is clear no added sounds irritable restless fungal patch on the lower abdomen

Vitals:Temp : 39.4 Bp :150 Pulse :106 Resp :18

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,S20.96XA - Insect bite (nonvenomous) of unsp parts of thorax, init,R52 - Pain, unspecified,B49 - Unspecified mycosis, **Date of Onset** :16/56/2024

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0102-152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV PUSH,96360, HYDRATION IV INFUSION INIT

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0027-109206-0151 - (TERBINAFINE (AS HCL) : 1%) CREAM,0005-107001-0052 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0248-187801-1171 - (DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,

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 :

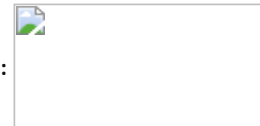
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Humaira

Stamp :

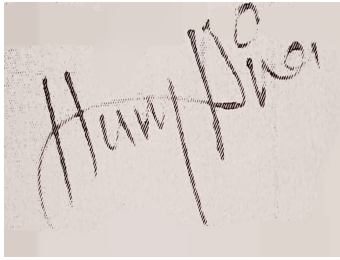
Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor}



16-
Date : May-2024

Signature :

A handwritten signature in black ink on a light-colored background. The signature is cursive and appears to read 'Hany Dia'.

Date : 16-May-2024