Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **SONAM MANISHKUMAR VAZA**	**Service Date**	:**29-May-2024**
Card No	: **I022-029-120724591-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **SONAM MANISHKUMAR VAZA**	**Doctor's Name**	:**Enomen Goodluck**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **29-04-2024** To **28-04-2025**		
Gender	: **Female**		
Date Of Birth	: **28-Nov-1987**		
Patient's Tel No	: **0522082823**		

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 : Symptoms: sorethroat, poor appetite, weakness. Duration/onset: 27/05/2024 (3days) History of presenting complaint: worse when swallowing. Past medical history: Hypothyroidism (on 75mg levothyroxine), Not hypertensive and not diabetic. Also obese however. Family history: Nil significant. Allergy: none. Gyne/obstetric history: Para 2, last child is 10months old (none breastfeeding).

Duration:

Vitals: Temp : 36.9 Bp :132 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J03.90 - Acute tonsillitis, unspecified,J30.9 - Allergic rhinitis, unspecified,R07.0 - Pain in throat,

Date of Onset :29/30/2024

Estimated Cost :

Requested Investigations: 2, BASIC WELLNESS PANEL,9, Consultation GP

Prescriptions: 1343-383501-0582 - (BENZOCAINE : 6 MG) (MENTHOL : 10 MG) LOZENGES,0070-148701-1171 - (LORATADINE : 10 MG) TABLETS,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,5363-863401-1171 - (PARACETAMOL : 400 MG) (PSEUDOEPHEDRINE HCL : 30 MG) (CAFFEINE : 32 MG) (CHLORPHENIRAMINE MALEATE : 3 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 : Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI : U.A.E.

Patient 's signature{Parent if minor} :

Date : 29-May-2024

Signature :

Date : 29-May-2024