## Administrative MEDICAL CLAIM FORM Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | **: KAOUTAR BENCHELHA** | **Service Date** | **:31-May-2024** |
| **Card No** | **: I017-029-116461315-02** | **Health Provider** | **:Irham Medical Center Arjan** |
| **Policy Holder** | **: KAOUTAR BENCHELHA** | **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** | **: Female** | | |
| **Date Of Birth** | **: 13-Jul-1993** | | |
| **Patient's Tel No** | **: 0563229007** | | |

**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 cough prulant ear painfever pain in the throat vomittting 1 episode 2 days **Duration:**
skin rash and red patches below the nipple 1 week oe small laceration in the ear right side chest
is congested no added sounds

**Vitals:**Temp : 37.5 Bp :120 Pulse :84 Resp :18

**Clinical Findings:**

**Diagnosis:** H66.91 - Otitis media, unspecified, right ear,R50.9 - Fever, unspecified,R05 - Cough,J06.9 - Acute upper respiratory infection, unspecified,B49 - Unspecified mycosis, **Date of Onset** :31/46/2024

**Requested Investigations:** 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, THER/PROPH/DIAG IV INF INIT,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP **Estimated Cost** :

**Prescriptions:** 0102-169701-1161 - (AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0031-109203-0151 - (TERBINAFINE (AS HCL) : 10 MG/G) CREAM,0005-116604-1172 - (METRONIDAZOLE : 500 MG) TABLETS,0138-148602-0391 - (CLARITHROMYCIN : 500 MG) FILM COATED TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED 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

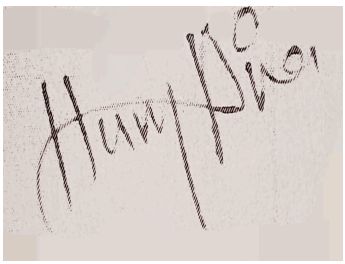
**Stamp :**

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

**Patient 's signature{Parent : if minor}**

**Date :** 31-May-2024

**Signature :**



**Date** : 31-May-2024