Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **BIJAYA ADHIKARI SHANKHAR ADHIKARI**	**Service Date**	**:31-May-2024**
Card No	: **I017-029-116896784-02**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **BIJAYA ADHIKARI SHANKHAR ADHIKARI**	**Doctor's Name**	**:Enomen Goodluck**
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	: **26-Oct-1981**		
Patient's Tel No	: **0555820611**		

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 : PC: Sorethroat, fever, headache, cough, voice change and myalgia. Duration/Onset: 26/05/2024 (5days). History of presenting complaint: Sorethroat is severe as it is extremely painful and has resulted in hoarsness of voice. There is also cough that is productive of thick white sputum. Fever is high grade and relieved transiently by PCM. past medical history: Has recurrent history of iron deficiency anemia, not hypertensive, not diabetic, not asthmatic. Family history: not relevant Social history: Smokes 4 sticks of cigarett daily, takes alcohol.. Allergies: no known allergies. Exam: Ill-looking, febrile, mildy pale. Chest: widespread transmitted sounds. Assessment: Acute bronchitis, laryngitis. **Duration:**

Vitals: Temp : 38.2 Bp :123 Pulse :95 Resp :18

Clinical Findings:

Diagnosis: J22 - Unspecified acute lower respiratory infection,J20.9 - Acute bronchitis, unspecified,J04.0 - Acute laryngitis,R50.9 - Fever, unspecified, **Date of Onset** :31/27/2024

Requested Investigations: 96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,94640, AIRWAY INHALATION TREATMENT,0006-402803-2071, VENTOLIN NEBULES,0188-135906-2441, PULMICORT,9, Consultation GP **Estimated Cost** :

Prescriptions: 1343-383501-0582 - (BENZOCAINE : 6 MG) (MENTHOL : 10 MG) LOZENGES,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,0027-142201-0832 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0005-119803-1171 - (PREDNISOLONE : 20 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 :

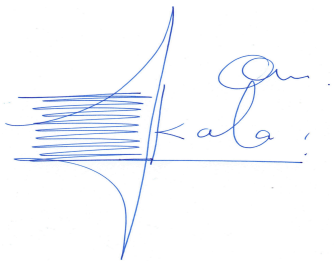
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :

Patient 's signature{Parent : if minor}

Date : 31-May-2024

Signature :  **Date :** 31-May-2024