Administrative MEDICAL CLAIM FORM Claim Ref

Patient Name	**: IRFAN SHOUKAT**	**Service Date**	**:10-Jun-2024**	**Network**	**: Green**
Card No	**: I035-029-118587536-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP**
Policy Holder	**: IRFAN SHOUKAT**	**Doctor's Name**	**:Enomen Goodluck**		
Payer Name	**: SALAMA – Islamic Arab Insurance Company**	**Co-Insurance**	:		
TPA	**: E CARE - Green Network**	**Remarks**	:		
Validity	**: 07-08-2023** To **06-08-2024**				
Gender	**: Male**				
Date Of Birth	**: 18-Apr-1985**				
Patient's Tel No	**: 0557781395**				

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATEF
10% max	NIL	NIL	NIL LIMIT	NIL	10%

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : Cough, high grade fever since 3 days. Duration: 5days (05/06/2024). ENT: inflammed and hypertrophied tonsils. **Duration:**

Vitals:

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J03.90 - Acute tonsillitis, unspecified,R50.9 - Fever, unspecified,R05 - Cough,E86.0 - Dehydration, **Date of Onset**

Requested Investigations: 96360, HYDRATION IV INFUSION INIT,0102-111908-1001, SODIUM CHLORIDE B.P.,0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,INJ014, INJ-NEUROBION VITAMIN B GROUPS,9, Consultation GP **Estimated : Cost**

Prescriptions: 0349-106203-1173 - (MULTIVITAMINS : 30 MG) (MINERALS : 30 MG) TABLETS,0005-149903-2232 - (DICLOFENAC SODIUM : 100 MG) RECTAL SUPPOSITORIES,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,0070-148701-1171 - (LORATADINE : 10 MG) TABLETS,0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0219-142902-1452 - (CEFIXIME : 400 MG) CAPSULES (HARD GELATIN),0067-116604-0391 - (METRONIDAZOLE : 500 MG) FILM COATED TABLETS,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 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 :

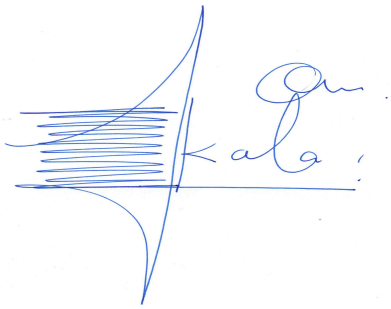
I hereby authorize any Healthcar Employer or other organization t regarding my medical condition a determining insurance benefits.

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}

Signature :  **Date :** 11-Jun-2024