Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **HYDERALI ALLABAX DUKANDAR**	**Service Date**	:**20-Oct-2023**	**Network**	: Green
Card No	: **I017-029-116122248-02**	**Health Provider**	:**Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **HYDERALI ALLABAX DUKANDAR**	**Doctor's Name**	:**Sajid Sanaullah**		
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	: **Male**				
Date Of Birth	: **24-Dec-1989**				
Patient's Tel No	: **0552906380**				

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 : O/E throat congested chest bilateral air entry equal, fever for 2 days chills bodyache throat irritation nausea no allergy Dry mouth **Duration:**

Vitals: Temp : 39.3 Bp :112 Pulse :98 Resp :24

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J02.9 - Acute pharyngitis, unspecified,R07.0 - Pain in throat,R50.9 - Fever, unspecified,R53.1 - Weakness,E86.0 - Dehydration,K29.00 - Acute gastritis without bleeding,R52 - Pain, unspecified, **Date of Onset** :20/18/2023

Requested Investigations: 96374, THER/PROPH/DIAG INJ IV PUSH,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96360, HYDRATION IV INFUSION INIT,0005-242802-0781, PANTONIX 40MG I.V.,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0195-107704-0802, CEFTRIAXONE-TABUK IM-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,9, Consultation GP **Estimated Cost** :

Prescriptions: 6861-143701-0061 - (CELECOXIB : 200 MG) CAPSULES,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0137-242802-0341 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS,0503-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 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 : Sajid Sanaullah

Stamp :

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 20-Oct-2023

Signature :

Date : 20-Oct-2023