

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name :	PRIYA SAHU ARUN KUMAR SAHU	Service Date :	:22-Oct-2023	Network :	Green														
Card No :	I017-029-118997977-01	Health Provider :	Irham Medical Center Arjan	Direct Access SP :	YES														
Policy Holder :	PRIYA SAHU ARUN KUMAR SAHU	Doctor's Name :	Sajid Sanaullah																
Payer Name :	ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC	Co-Insurance :	<table border="1"> <tr> <td>CONSULTATION</td> <td>LAB/RADIOLOGY</td> <td>PHYSIO</td> <td>PHARMACY</td> <td>IP</td> <td>MATERNITY</td> <td>DENTAL</td> </tr> <tr> <td>10% max</td> <td>NIL</td> <td>NIL</td> <td>NIL LIMIT</td> <td>NIL</td> <td>10%</td> <td>NA</td> </tr> </table>			CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL	10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA
CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL													
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA													
TPA :	E CARE - Green Network	Remarks :																	
Validity :	01-10-2023 To 30-09-2024																		
Gender :	Female																		
Date Of Birth :	13-Sep-1997																		
Patient's Tel No :	0582353540																		

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
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Chief Complaints : Follow up case of fever Fever persist Cough with phlegm Asthmatic, sneezing, **Duration**: runny nose Burning urination on inhaler O/E throat normal, Wheezing present

Vitals:Temp : 38.2 Bp :110 Pulse :106 Resp :24

Clinical Findings:

Diagnosis: J20.9 - Acute bronchitis, unspecified,J45.991 - Cough variant asthma,R52 - Pain, unspecified,R05 - Cough,R50.9 - Fever, unspecified,N39.0 - Urinary tract infection, site not specified,R06.7 - Sneezing,J00 - Acute nasopharyngitis [common cold], **Date of Onset** :22/38/2023

Requested Investigations: 96372, THER/PROPH/DIAG INJ SC/IM,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96365, **Estimated Cost** :
 THER/PROPH/DIAG IV INF INIT,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,0006-124513-2071, VENTOLIN NEBULES,94640, AIRWAY INHALATION TREATMENT

Prescriptions: 1401-395404-0391 - (MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS, **Estimated Cost**:

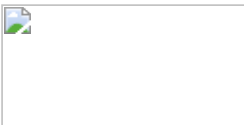
MEDICAL PRACTITIONER DECLARATION : I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.	PATIENT'S DECLARATION : I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.
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Dr's Name : Sajid Sanaullah

Signature : 

Stamp :



Patient's signature (Parent : if minor) : 

Date : 22-Oct-2023