Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: SHUBHAM RAJENDRA MENGANE RAJENDRA DASHRATH MENGANE	**Service Date**	:23-Oct-2023	**Network**	: Green
Card No	: I017-029-117827723-02	**Health Provider**	:Irham Medical Center Arjan	**Direct Access SP - YES**	
Policy Holder	: SHUBHAM RAJENDRA MENGANE RAJENDRA DASHRATH MENGANE	**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	: 23-Oct-1998				
Patient's Tel No	: 0506485076				

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 : C/o fever high grade, cough, bodyache exposure to flu patient yesterday Vomiting in morning large amount O/E Throat congested Chest clear **Duration:**

Vitals: Temp : 38.3 Bp :122 Pulse :92 Resp :20

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,R09.81 - Nasal congestion,R05 - Cough,R52 - Pain, unspecified,R50.9 - Fever, unspecified, **Date of Onset** :23/09/2023

Requested Investigations: 9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96372, THER/PROPH/DIAG INJ SC/IM,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96360, HYDRATION IV INFUSION INIT,0005-242802-0781, PANTONIX 40MG I.V. **Estimated Cost** :

Prescriptions: **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** : 23-Oct-2023

Signature :  **Date** : 23-Oct-2023