

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SHUBHAM RAJENDRA
 : MENGANE RAJENDRA
 : DASHRATH MENGANE
Card No : I017-029-117827723-02
Policy Holder : SHUBHAM RAJENDRA
 : MENGANE RAJENDRA
 : DASHRATH MENGANE
Payer Name : ABU DHABI NATIONAL
 : INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Male
Date Of Birth : 23-Oct-1998
Patient's Tel No : 0506485076

Service Date : 23-Oct-2023
Network : Green
Health Provider : Irham Medical Center Arjan
Direct Access SP - YES
Doctor's Name : Sajid Sanaullah

Co-Insurance	CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
	10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks :

☐ 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

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:

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 :

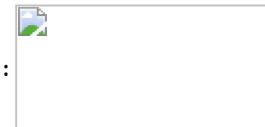
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent :
 if minor}



23-
Date : Oct-2023

Signature :

Date : 23-Oct-2023