Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: ADHIRA SAJEEV SAJEEV**	**Service Date**	**:23-Oct-2023**	**Network**	: Green
Card No	**: I017-029-119679339-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: ADHIRA SAJEEV SAJEEV**	**Doctor's Name**	**:Enomen Goodluck**		
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	**: Female**				
Date Of Birth	**: 04-Oct-1993**				
Patient's Tel No	**: 0588902722**				

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 : Cough, vomiting, upper abdominal pain, sneezing and nasal congestion. Had flu symptoms including pain in throat, runny nose and fever but was managed two days ago. Now fever has subsided but still coughing and still has nasal congestion in addition to vomiting. Currently on antibiotics (Augmentin). General exam: Ill-looking. Abdominal exam: Moderate epigastric tenderness. **Duration:**

Vitals: Temp : 37.3 Bp :100 Pulse :88 Resp :24

Clinical Findings:

Diagnosis: J22 - Unspecified acute lower respiratory infection,K29.00 - Acute gastritis without bleeding,R07.9 - Chest pain, unspecified,R09.81 - Nasal congestion,R05 - Cough,R11.10 - Vomiting, unspecified,R10.13 - Epigastric pain, **Date of Onset** :23/37/2023

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9.01, Follow Up Consultation GP **Estimated Cost** :

Prescriptions: 0005-150407-1172 - (METOCLOPRAMIDE : 10 MG) TABLETS,0188-232402-0391 - (ESOMEPRAZOLE : 20 MG) FILM COATED TABLETS,0027-128802-2021 - (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS,0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS, **Estimated Cost** :

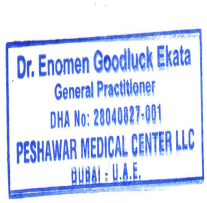
MEDICAL PRACTITIONER DECLARATION :

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.

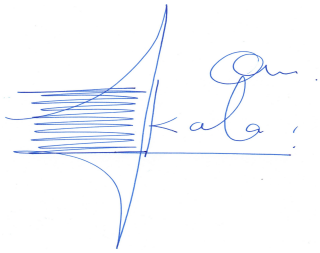
Dr's Name : Enomen Goodluck **Stamp :**



Patient 's signature{Parent : if minor}

Date : 23-Oct-2023

Signature :



Date : 23-Oct-2023