## Administrative MEDICAL CLAIM FORM Claim Ref:

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|---|---|---|---|---|---|
| **Patient Name** | : **CHARITHA NUWAN ARIYATHILAKA JAYAWARDANA ARACHCHILAGE** | **Service Date** | :**24-Oct-2023** | **Network** | : Green |
| **Card No** | : **I017-029-116896762-02** | **Health Provider** | :**Irham Medical Center Arjan** | | **Direct Access SP - YES** |
| **Policy Holder** | : **CHARITHA NUWAN ARIYATHILAKA JAYAWARDANA ARACHCHILAGE** | **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** | : **02-Apr-1990** | | | | |
| **Patient's Tel No** | : **0552995422** | | | | |

| 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 :** High fever and sore throat and severe body pain since last night started 23/10/2023 severe cough and wheezing since today severe shivering and chills **Duration:**

**Vitals:**Temp : 36.8 Bp :120 Pulse :88 Resp :22

**Clinical Findings:**

**Diagnosis:** J02.9 - Acute pharyngitis, unspecified,J20.9 - Acute bronchitis, unspecified,R68.83 - Chills (without fever),R50.9 - Fever, unspecified,R05 - Cough, **Date of Onset** :24/27/2023

**Requested Investigations:** 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,2849-100143-0991, 5% W/V DEXTROSE 0.45% & W/V SODIUM CHLORIDE,0005-149902-1021, CLOFEN ,0005-111805-1021, CHLOROHISTOL 10MG,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,0006-124513-2071, VENTOLIN NEBULES,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP **Estimated Cost** :

**Prescriptions:** 4417-711202-0391 - (IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS,0005-116801-1161 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP,0788-106705-1171 - (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS,0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) 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 :** 24-Oct-2023

**Signature :**

**Date** : 24-Oct-2023