Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **DEVAVRATA VINAYAK TARI VINAYAK YASHWANT TARI**	**Service Date**	**:24-Oct-2023**	**Network**	: Green
Card No	: **I017-029-117592795-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **DEVAVRATA VINAYAK TARI VINAYAK YASHWANT TARI**	**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	: **21-Mar-1986**				
Patient's Tel No	: **0562812528**				

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 pain in throat for 7 days Throat irritation for 21 days No fever O/E throat **Duration:** mild congestion, chest clear

Vitals: Temp : 37.2 Bp :110 Pulse :80 Resp :22

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J03.90 - Acute tonsillitis, unspecified,J45.991 - Cough variant asthma,R07.0 - Pain in throat, **Date of Onset** :24/52/2023

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0195-149907-0612 - (DICLOFENAC SODIUM : 75 MG) MODIFIED RELEASE CAPSULES,0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,0013-395404-0391 - (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.

Dr's Name : Sajid Sanaullah

Stamp :

Patient 's signature{Parent if minor} :

Date : 24-Oct-2023

Signature :

Date : 24-Oct-2023