

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : Sagar Baraku
 Card No : I005-029-117364305-01
 Policy Holder : Sagar Baraku

Service Date :24-Oct-2023
 Health Provider :Irham Medical Center Arjan
 Doctor's Name :Enomen Goodluck

Network : Green
 Direct Access SP - YES

Payer Name : DUBAI INSURANCE COMPANY
 TPA : E CARE - Blue Network
 Validity : 05-11-2022 To 04-11-2023
 Gender : Male
 Date Of Birth : 02-Feb-1990
 Patient's Tel No : 0505284056

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 : Pain in throat for one week. Coughing, chest pain and chest tightness since 5days. Difficulty breathing since this morning. There is no fever however.

Vitals:Temp : 37 Bp :110 Pulse :72 Resp :22

Clinical Findings:

Diagnosis: J20.9 - Acute bronchitis, unspecified,J22 - Unspecified acute lower respiratory infection,R05 - Cough,R06.00 - Dyspnea, unspecified,R50.9 - Fever, unspecified, **Date of Onset** :24/29/2023

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION **Estimated Cost** :

Prescriptions: 0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0097-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS, **Estimated Cost** :

MEDICAL PRACTITIONER DECLARATION :

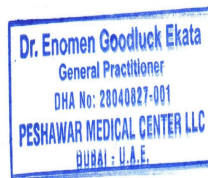
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

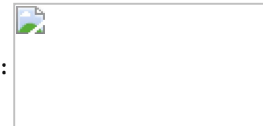
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature{Parent : if minor}



24-
Date : Oct-
2023

Signature :

Date : 24-Oct-2023