Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: INDIKA PRASAD RANASINGHA PERAKOTUWE WEDARALLAGE**	**Service Date**	**:25-Oct-2023**	**Network**	**: Green**
Card No	**: I017-029-116122251-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: INDIKA PRASAD RANASINGHA PERAKOTUWE WEDARALLAGE**	**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	**: 01-Jan-1983**				
Patient's Tel No	**: 524933547**				

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 bodyache, headache, Runny nose, cough 4 days Stomach pain , nausea, fever Having loose stools and dark colored urination, low back pain No allergy O/E Throat and nose congestion+ Chest b/l air entry present **Duration:**

Vitals: Temp : 36.8 Bp :120 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,R05 - Cough,R50.2 - Drug induced fever,K29.00 - Acute gastritis without bleeding,R81 - Glycosuria,K76.9 - Liver disease, unspecified,A49.9 - Bacterial infection, unspecified,M54.5 - Low back pain, **Date of Onset** :25/38/2023

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,84450, TRANSFERASE ASPARTATE AMINO AST SGOT,84460, TRANSFERASE ALANINE AMINO ALT SGPT,82565, CREATININE BLOOD,96365, THER/PROPH/DIAG IV INF INIT,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,9, Consultation GP **Estimated Cost :**

Prescriptions: 1394-143701-1451 - (CELECOXIB : 200 MG) CAPSULES (HARD GELATIN),0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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,0137-242802-0341 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS,0097-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 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 : 25-Oct-2023

Signature :

Date : 25-Oct-2023