Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: SHUBHAM RAJENDRA MENGANE RAJENDRA DASHRATH MENGANE	**Service Date**	:25-Oct-2023
Card No	: I017-029-117827723-02	**Health Provider**	:Irham Medical Center Arjan
Policy Holder	: SHUBHAM RAJENDRA MENGANE RAJENDRA DASHRATH MENGANE	**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	: 23-Oct-1998		
Patient's Tel No	: 0506485076		

Network : Green

Direct Access SP - YES

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 : Severe body pain and high fever since two days ago and on 22/10/2023 and now severe cough and fever and headache and wheezing and cough started **Duration:**

Vitals:

Clinical Findings:

Diagnosis: J18.0 - Bronchopneumonia, unspecified organism,J02.9 - Acute pharyngitis, unspecified,J04.0 - Acute laryngitis,R50.9 - Fever, unspecified,R68.83 - Chills (without fever), **Date of Onset** :25/28/2023

Requested Investigations: 9.01, Follow Up Consultation GP,2849-100143-0991, 5% W/V DEXTROSE 0.45% & W/V SODIUM CHLORIDE,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-149902-1021, CLOFEN ,0195-107704-0802, CEFTRIAXONE-TABUK IM,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 **Estimated Cost** :

Prescriptions: 0006-402804-2481 - (SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE),0788-106705-1171 - (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 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 : 25-Oct-2023

Signature :

Date : 25-Oct-2023