

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SACHIN KANDWAL SUNIL KANDWAL
Card No : I017-029-118161574-02
Policy Holder : SACHIN KANDWAL SUNIL KANDWAL
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Male
Date Of Birth : 23-Oct-1998
Patient's Tel No : 0508826173

Service Date : 25-Oct-2023
Health Provider : Irham Medical Center Arjan
Doctor's Name : Sajid Sanaullah
Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Network : Green
Direct Access SP - YES

Remarks :

☐ Acute
 ☐ Pre-existing and chronic
 ☐ Maternity

Chief Complaints : High fever and severe body pain and severe cough and respiratory distress
Duration: started on 22/10/2023

Vitals: Temp : 38.3 Bp :112 Pulse :96 Resp :20

Clinical Findings:

Diagnosis: J18.0 - Bronchopneumonia, unspecified organism, J02.9 - Acute pharyngitis, unspecified, R50.9 - Fever, unspecified, R68.83 - Chills (without fever), R05 - Cough,
 Date of Onset : 25/44/2023

Requested Investigations: 2849-100143-0991, 5% W/V DEXTROSE 0.45% & W/V SODIUM CHLORIDE, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE, 0005-149902-1021, CLOFEN, 0195-107704-0801, CEFTRIAXONE-TABUK IV, 0005-111805-1021, CHLOROHISTOL 10MG, 96360, HYDRATION IV INFUSION INIT, 96374, THER/PROPH/DIAG INJ IV PUSH, 0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION, 0006-124513-2071, VENTOLIN NEBULES, 94640, AIRWAY INHALATION TREATMENT, 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT, 86140, C REACTIVE PROTEIN, 85651, SEDIMENTATION RATE RBC NON AUTOMATED, 9, Consultation GP
 Estimated : Cost

Prescriptions: 0006-402804-2481 - (SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE), 4417-711202-0391 - (IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS, 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 :

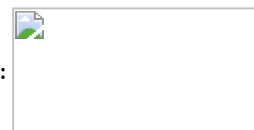
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature {Parent : if minor}



Date : 25-Oct-2023

Signature :

A handwritten signature in blue ink, appearing to be 'Raj', is displayed within a rectangular box.

Date : 25-Oct-2023