

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : PUTRI DEWI ANJARSARI

Card No : I017-029-117418926-02

Policy Holder : PUTRI DEWI ANJARSARI

Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-
ADNIC

TPA : E CARE - Green Network

Validity : 01-10-2023 To 30-09-2024

Gender : Female

Date Of Birth : 15-May-1999

Patient's Tel No : 0509328875

Service Date : 26-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 : C/o fever, bodyache, cough with phlegm, runny nose, blocked nose throat pain, since 3 days Allergic to diclofenac O/E throat and nose congestion Chest wheezing occ

Vitals:Temp : 37 Bp :100 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J20.9 - Acute bronchitis, unspecified,J30.9 - Allergic rhinitis, unspecified,R05 - Cough,R52 - Pain, unspecified,R50.9 - Fever, unspecified,J45.991 - Cough variant asthma, Date of Onset : 26/40/2023

Requested Investigations: 0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,0006-124513-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION,94640, AIRWAY INHALATION TREATMENT,9, Consultation GP Estimated : Cost

Prescriptions: 0006-106601-0394 - (PARACETAMOL : 500 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,0027-128802-1971 - (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) LIQUID FOR SPRAY (NASAL),0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0207-395404-0391 - (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 :

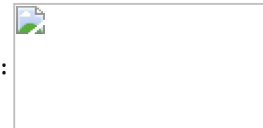
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : 26-Oct-2023

Signature :

Date : 26-Oct-2023