Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **SACHIN KANDWAL SUNIL KANDWAL**	**Service Date**	**:26-Oct-2023**
Card No	: **I017-029-118161574-02**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **SACHIN KANDWAL SUNIL KANDWAL**	**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	: **0508826173**		

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 : follow up URTI , severe cough persist, barking type h/o H pylori positive nausea, uneasiness Severe bodyache Fever, Low back pain O/E Throat NAD, Chest B/L Air entry equal **Duration:**

Vitals: Temp : 37.6 Bp :118 Pulse :96 Resp :22

Clinical Findings:

Diagnosis: J18.0 - Bronchopneumonia, unspecified organism,J02.9 - Acute pharyngitis, unspecified,R50.9 - Fever, unspecified,R05 - Cough,J45.991 - Cough variant asthma,J20.9 - Acute bronchitis, unspecified,K29.00 - Acute gastritis without bleeding, **Date of Onset** :26/53/2023

Requested Investigations: 0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,0006-124513-2071, VENTOLIN NEBULES,94640, AIRWAY INHALATION TREATMENT,96365, THER/PROPH/DIAG IV INF INIT,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,9.01, Follow Up Consultation GP **Estimated Cost** :

Prescriptions: 1394-143701-1451 - (CELECOXIB : 200 MG) CAPSULES (HARD GELATIN),0027-128802-1971 - (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) LIQUID FOR SPRAY (NASAL),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, **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