Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **AMAN KUMAR KULA NAND MISHRA**	**Service Date**	**:26-Oct-2023**	**Network**	: Green
Card No	: **I017-029-117566070-02**	**Health Provider**	**:Irham Medical Center Arjan**	**Direct Access SP - YES**	
Policy Holder	: **AMAN KUMAR KULA NAND MISHRA**	**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	: **11-Dec-1995**				
Patient's Tel No	: **0526469526**				

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 Fever, severe bodyache, low back pain, mild cough took panadol at home O/E Throat and nose congested Chest B/L air entry equal no allergy **Duration:**

Vitals: Temp : 36.8 Bp :105 Pulse :78 Resp :20

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R50.2 - Drug induced fever,M54.5 - Low back pain,R52 - Pain, unspecified,J02.9 - Acute pharyngitis, unspecified, **Date of Onset** :26/15/2023

Estimated Cost :

Requested Investigations: 9, Consultation GP

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,0097-127405-0392 - (AZITHROMYCIN : 500 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 :**

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** : 26-Oct-2023

Signature :  **Date** : 26-Oct-2023