

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MANDAR RAMESH PHANSE
Card No : I017-029-119020234-01
Policy Holder : MANDAR RAMESH PHANSE
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 : 05-May-1997
Patient's Tel No : 0566442706

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 throat pain since 2 days Cough with phlegm, runny nose, O/E throat cogested Chest wheezing+

Vitals: Temp : 36.6 Bp :130 Pulse :78 Resp :22

Clinical Findings:

Diagnosis: J20.9 - Acute bronchitis, unspecified, J30.9 - Allergic rhinitis, unspecified, J02.9 - Acute pharyngitis, unspecified, R07.0 - Pain in throat, R05 - Cough,

Date of Onset : 26/48/2023

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

Estimated Cost :

Prescriptions: 0195-149907-0612 - (DICLOFENAC SODIUM : 75 MG) MODIFIED RELEASE CAPSULES, 0097-116206-0391 - (AMOXICILLIN : 875 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS, 1308-290301-0391 - (LEVOCETIRIZINE (DIHCL OR HCL) : 5 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,

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 :

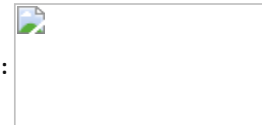
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature {Parent : if minor}



Date : 26-Oct-2023

Signature :

Date : 26-Oct-2023