

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SONU BECHAN PRASAD
Card No : GUPTA BECHAN PRASAD
Policy Holder : BHAGHWATI GUPTA
Payer Name : SONU BECHAN PRASAD
TPA : GUPTA BECHAN PRASAD
Validity : ABU DHABI NATIONAL
Gender : INSURANCE COMPANY-ADNIC
Date Of Birth : E CARE - Green Network
Patient's Tel No : 01-10-2023 To 30-09-2024
Male
22-Jun-1994
0556913295

Service Date : 26-Oct-2023
Health Provider : Irham Medical Center Arjan
Doctor's Name : Enomen Goodluck
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 : Fever, pain in throat, and cough since the past 3days. **Duration** :

Vitals:Temp : 37.5 Bp :127 Pulse :86 Resp :22

Clinical Findings:

Diagnosis: J00 - Acute nasopharyngitis [common cold],R50.9 - Fever, unspecified,R07.0 - Pain in throat,R09.81 - Nasal congestion,R06.7 - Sneezing, **Date of Onset** :26/10/2023

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO
 DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,94640, AIRWAY INHALATION TREATMENT **Estimated Cost** :

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0005-116801-2481 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE), **Estimated Cost** :

MEDICAL PRACTITIONER DECLARATION :

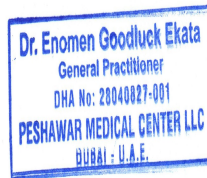
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

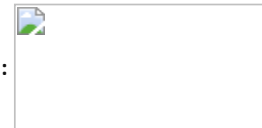
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature{Parent :
 if minor}



26-
Date : Oct-
 2023

Signature :

Date : 26-Oct-2023