

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : KHARAK SINGH KISHAN SINGH
Card No : I017-029-119076401-01
Policy Holder : KHARAK SINGH KISHAN SINGH
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 : 15-Jul-1998
Patient's Tel No : 0569469783

Service Date : 27-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 : High leukocytosis and high CRP in lab tests and severe cough Duration :		
Vitals: Temp : 36.7 Bp :105 Pulse :82 Resp :22		
Clinical Findings:		
Diagnosis: J20.9 - Acute bronchitis, unspecified,R06.03 - Acute respiratory distress,R06.2 - Wheezing, Date of Onset : 27/58/2023		
Requested Investigations: 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG,96372, THER/PROPH/DIAG INJ SC/IM,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,0006-124513-2071, VENTOLIN NEBULES,9.01, Follow Up Consultation GP		
Prescriptions: 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),0006-402804-2481 - (SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE),		
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} 
Signature : 	Date : 27-Oct-2023	Date : 27-Oct-2023