

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SACHIN KANDWAL SUNIL KANDWAL
Card No : I017-029-118161574-02
Policy Holder : SACHIN KANDWAL SUNIL KANDWAL
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 : 23-Oct-1998
Patient's Tel No : 0508826173

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 : severe cough started five days back with barking type **Duration :**

Vitals:Temp : 37.9 Bp :110 Pulse :96 Resp :24

Clinical Findings:

Diagnosis: J18.0 - Bronchopneumonia, unspecified organism,R06.2 - Wheezing, **Date of Onset :** 27/50/2023

Requested Investigations: 94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, **Estimated :**
 PULMICORT,0006-124513-2071, VENTOLIN NEBULES,0125-122107-1022, DEXAMETHASONE SODIUM **Cost**
 PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG,96372, THER/PROPH/DIAG INJ SC/IM,9.01,
 Follow Up Consultation GP

Prescriptions: 0015-101502-0271 - (ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS,0006-402802-1391 - (SALBUTAMOL(AS SULPHATE) : 100 MCG/DOSE) AEROSOL INHALER, **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 :

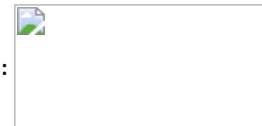
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : 27-Oct-2023

Signature :

Date : 27-Oct-2023