Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: Sagar Baraku**
Card No	**: I005-029-117364305-01**
Policy Holder	**: Sagar Baraku**
Payer Name	**: DUBAI INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 05-11-2022** To **04-11-2023**
Gender	**: Male**
Date Of Birth	**: 02-Feb-1990**
Patient's Tel No	**: 0505284056**

Service Date **:27-Oct-2023** **Network** : Green

Health Provider **:Irham Medical Center Arjan** **Direct Access SP - YES**

Doctor's Name **:Sajid Sanaullah**

Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks :

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : Severe cough and sneezing started one week ago and during the day is severe but night some times snoring and sleep apnea started one week ago on 20/10/2023 **Duration:**

Vitals: Temp : 37 Bp :110 Pulse :72 Resp :22

Clinical Findings:

Diagnosis: J20.9 - Acute bronchitis, unspecified,J01.40 - Acute pansinusitis, unspecified,J45.991 - Cough variant asthma,R06.83 - Snoring,G47.33 - Obstructive sleep apnea (adult) (pediatric),D64.9 - Anemia, unspecified, **Date of Onset** :27/24/2023

Requested Investigations: 0248-122107-1021, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,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 **Estimated Cost** :

Prescriptions: 4241-525701-1171 - (SIMETHICONE : 80 MG) (CHARCOAL, ACTIVATED : 250 MG) TABLETS,1381-186002-3291 - (FOLIC ACID : 500 MCG) (IRON (AS FERROUS SULFATE) : 47 MG(150 MG)) SUSTAINED RELEASE CAPSULES (HARD GELATIN),1401-395404-0391 - (MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS,0006-402804-2481 - (SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE),0027-128802-1971 - (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) LIQUID FOR SPRAY (NASAL),0252-148701-1172 - (LORATADINE : 10 MG) TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 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 :

Patient 's signature{Parent if minor} :

Date : 27-Oct-2023

Signature :

Date : 27-Oct-2023