

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : AHMED IBRAHIM HASSAN ELMIHY
Card No : I017-029-119171362-01
Policy Holder : AHMED IBRAHIM HASSAN ELMIHY
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 : 19-Aug-1981
Patient's Tel No : 971566442706

Service Date : 28-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 : Started four days back on 24/10/2023 with high fever and sore throat and severe body pain now is very weak and can not walk and severe body pain and productive cough and yellowish secretions and also vomiting and stomach pain

Vitals:Temp : 36.8 Bp :121 Pulse :82 Resp :20

Clinical Findings:

Diagnosis: J18.0 - Bronchopneumonia, unspecified organism,M62.81 - Muscle weakness (generalized),J01.40 - Acute pansinusitis, unspecified,K29.20 - Alcoholic gastritis without bleeding,R11.2 - Nausea with vomiting, unspecified,E53.9 - Vitamin B deficiency, unspecified,

Requested Investigations: 0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,0195-107704-0802, CEFTRIAXONE-TABUK IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-149902-1021, CLOFEN,0005-242802-0781, PANTONIX 40MG I.V.,0005-150403-1021, PREMOSAN ,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIRNTL WBC COUNT,85651, SEDIMENTATION RATE RBC NON AUTOMATED,86140, C REACTIVE PROTEIN,9, Consultation GP

**Estimated :
Cost**

Prescriptions: 0321-100604-1171 - (VITAMIN B12 : 200 MCG) (THIAMINE (VITAMIN B1) : 100 MG) (PYRIDOXINE (VITAMIN B6) : 200 MG) 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,4417-711202-0391 - (IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS,0118-142902-1451 - (CEFEXIME : 400 MG) CAPSULES (HARD GELATIN),

**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 :

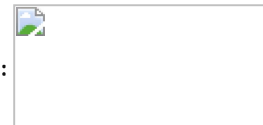
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient 's signature{Parent : if minor}



Date : 28-Oct-2023

Signature :

A handwritten signature in blue ink, consisting of a large, stylized 'R' followed by a smaller, more complex scribble.

Date : 28-Oct-2023