

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : NADEEM AHMAD SALIM KHAN
 Card No : I011-029-119557476-01
 Policy Holder : NADEEM AHMAD SALIM KHAN

Service Date : 03-Nov-2023
 Health Provider : Irham Medical Center Arjan
 Doctor's Name : Sajid Sanaullah

Network : Green
 Direct Access SP - YES

Payer Name : AL SAGR NATIONAL INSURANCE COMPANY

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

TPA : E CARE - Green Network
 Validity : 19-06-2023 To 18-06-2024
 Gender : Male
 Date Of Birth : 20-Feb-1983
 Patient's Tel No : 0554951623

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : Severe cough and chest pain and severe weakness since 31/10/2023 again started symptoms today severe cough and wheezing Duration:

Vitals: Temp : 37.7 Bp :121 Pulse :86 Resp :22

Clinical Findings:

Diagnosis: J18.0 - Bronchopneumonia, unspecified organism, R06.2 - Wheezing, R06.03 - Acute respiratory distress, R05 - Cough, M62.81 - Muscle weakness (generalized), Date of Onset : 03/22/2023

Requested Investigations: 9.01, Follow Up Consultation GP, 0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P., 0195-107704-0801, CEFTRIAXONE-TABUK IV, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE, 0005-111805-1021, CHLOROHISTOL 10MG, 96360, HYDRATION IV INFUSION INIT, 96374, THER/PROPH/DIAG INJ IV PUSH, 94640, AIRWAY INHALATION TREATMENT, 0188-135906-2441, PULMICORT, 0006-124513-2071, VENTOLIN NEBULES, 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT, 85651, SEDIMENTATION RATE RBC NON AUTOMATED, 86140, C REACTIVE PROTEIN Estimated Cost :

Prescriptions: 0321-100604-1171 - (VITAMIN B12 : 200 MCG) (THIAMINE (VITAMIN B1) : 100 MG) (PYRIDOXINE (VITAMIN B6) : 200 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 :

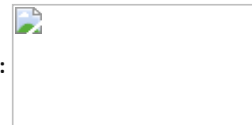
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature {Parent : if minor}



Date : 03-Nov-2023

Signature :

Date : 03-Nov-2023