

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MOHAMMAD NADEEM SHAMIM ALAM
Card No : I017-029-119479746-01
Policy Holder : MOHAMMAD NADEEM SHAMIM ALAM
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 : 08-Jan-1990
Patient's Tel No : 0528568165

Service Date : 03-Nov-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 fever and sore throat since yesterday 2/11/2023, from yesterday body pain sever fever throat pain

Vitals: Temp : 37 Bp :100 Pulse :80 Resp :22

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J20.9 - Acute bronchitis, unspecified,R50.9 - Fever, unspecified,R05 - Cough,

Date of Onset : 03/56/2023

Requested Investigations: 0005-107704-0801, TRIAXONE I.M.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN

Estimated Cost :

Prescriptions: 0252-107001-1171 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) TABLETS,7026-632203-0851 - (CO-AMOXICLAV : 1000MG/125MG) POWDER FOR SUSPENSION,

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 :

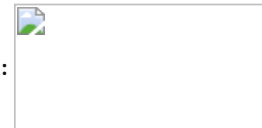
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : 03-Nov-2023

Signature :

Date : 03-Nov-2023