Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **MOHAMMAD NADEEM SHAMIM ALAM**	**Service Date**	**:03-Nov-2023**
Card No	: **I017-029-119479746-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **MOHAMMAD NADEEM SHAMIM ALAM**	**Doctor's Name**	**:Sajid Sanaullah**
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **01-10-2023** To **30-09-2024**		
Gender	: **Male**		
Date Of Birth	: **08-Jan-1990**		
Patient's Tel No	: **0528568165**		

Network : Green

Direct Access SP - YES

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

☐ **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 **Duration:**

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