Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **SYEDA HIBBA FAHAD FAHAD SHAHID**	**Service Date**	:**04-Nov-2023**
Card No	: **I022-029-115696858-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **SYEDA HIBBA FAHAD FAHAD SHAHID**	**Doctor's Name**	:**Enomen Goodluck**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	
TPA	: **E CARE - Green Network**	**Validity**	: **17-10-2023** To **16-10-2024**
Gender	: **Female**	**Date Of Birth**	: **25-May-2007**
Patient's Tel No	: **0588304625**	**Remarks**	:

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 : C/o: Dry cough for the past two days. Also has pain in throat and fever. She is a known asthmatic and currently uses montelukast 10mg daily. ENT: Inflamed and hypertrophied tonsils. Chest: mild rhonchi **Duration:**

Vitals: Temp : 37.2 Bp :0 Pulse :96 Resp :24

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,J45.30 - Mild persistent asthma, uncomplicated,R05 - Cough,R07.0 - Pain in throat,R09.81 - Nasal congestion, **Date of Onset** :04/51/2023

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,94640, AIRWAY INHALATION TREATMENT,0006-124513-2071, VENTOLIN NEBULES,0188-135906-2441, PULMICORT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-149902-1021, CLOFEN **Estimated Cost** :

Prescriptions: **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 : Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 04-Nov-2023

Signature :

Date : 04-Nov-2023