

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : PAPPU RAJAK RAM
Card No : I017-029-116125943-02
Policy Holder : PAPPU RAJAK RAM
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 : 01-Jan-1987
Patient's Tel No : 555208405

Service Date : 06-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 : Severe nose block and secretions from nose since 1/11/2023
 Duration :

Vitals:Temp : 37 Bp :100 Pulse :68 Resp :24

Clinical Findings:

Diagnosis: J01.40 - Acute pansinusitis, unspecified,J30.9 - Allergic rhinitis, unspecified,R09.81 - Nasal congestion, **Date of Onset:**06/23/2023

Requested Investigations: 9, Consultation GP,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,0195-107704-0802, CEFTRIAXONE-TABUK IM,96372, THER/PROPH/DIAG INJ SC/IM,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT

Prescriptions: 0070-124404-2061 - (MOMETASONE FUROATE : 50 MCG) NASAL SPRAY PUMP,2495-119101-1691 - (ANTAZOLINE : 0.5%) (NAPHAZOLINE : 0.025%) EYE / NOSE DROPS (SOLUTION),1401-395404-0391 - (MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS,0030-183202-0391 - (FEXOFENADINE HCL : 180 MG) FILM COATED TABLETS,0097-116206-0391 - (AMOXICILLIN : 875 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,

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 :

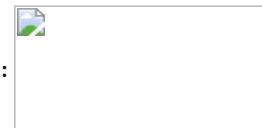
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : 06-Nov-2023

Signature :

Date : 06-Nov-2023