

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : YAM RAJ GIRI

Card No : I017-029-116653001-02

Policy Holder : YAM RAJ GIRI

Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA : E CARE - Green Network

Validity : 01-01-1900 To 30-09-2024

Gender : Male

Date Of Birth : 01-Jan-1991

Patient's Tel No : 54381867448787800

Service Date : 07-Nov-2023

Network : Green

Health Provider : Irham Medical Center Arjan

Direct Access SP - YES

Doctor's Name : Sajid Sanaullah

Co-Insurance :

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

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : c/o dry cough, body pain-malaise, runny nose-blocked nose Duration :

Vitals:Temp : 37.1 Bp :109 Pulse :90 Resp :22

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J02.9 - Acute pharyngitis, unspecified,J03.90 - Acute tonsillitis, unspecified,R05 - Cough,R07.0 - Pain in throat,R52 - Pain, unspecified,R53.1 - Weakness,J20.9 - Acute bronchitis, unspecified,

Date of Onset : 07/12/2023

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0067-442001-2481 - (AMBROXOL HCL : 30 MG/5ML) SYRUP (SUGAR FREE),0097-393801-2471 - (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE),0006-106601-0394 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0027-128802-1971 - (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) LIQUID FOR SPRAY (NASAL),0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,4885-107902-0971 - (IBUPROFEN : 400 MG) SOFT GELATIN CAPSULES,

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 :

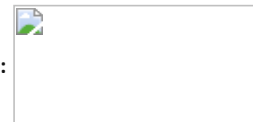
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : Nov-2023

Signature :

Date : 07-Nov-2023