

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SYEDA HIBBA FAHAD
FAHAD SHAHID
Card No : I022-029-115696858-01
Policy Holder : SYEDA HIBBA FAHAD
FAHAD SHAHID
Payer Name : TAKAFUL EMARAT
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

Service Date : 12-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 : Severe cough and body pain since 7 days started 5/11/2023 now today started today and also symptoms of vitamin D deficiency

Duration:**Vitals:** Temp : 38.1 Bp : 0 Pulse : 96 Resp : 24**Clinical Findings:**

Diagnosis: J18.0 - Bronchopneumonia, unspecified organism, R06.2 - Wheezing, R05 - Cough, R50.9 - Fever, unspecified, **Date of Onset :** 12/43/2023

Requested Investigations: 9, Consultation GP, 0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION, 0195-107704-0801, CEFTRIAXONE-TABUK IV, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE, 0005-149902-1021, CLOFEN , 0005-111805-1021, CHLOROHISTOL 10MG, 96360, HYDRATION IV INFUSION INIT, 96374, THER/PROPH/DIAG INJ IV PUSH, 94640, AIRWAY INHALATION TREATMENT, 0188-135906-2441, PULMICORT, 0006-124513-2071, VENTOLIN NEBULES

Estimated : Cost**Estimated Cost****Prescriptions:****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.

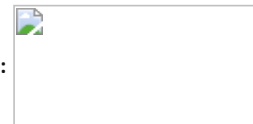
PATIENT'S DECLARATION :

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 : 12-Nov-2023

Signature :
Date : 12-Nov-2023