Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **SYEDA HIBBA FAHAD FAHAD SHAHID**	**Service Date**	:**12-Nov-2023**
Card No	: **I022-029-115696858-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **SYEDA HIBBA FAHAD FAHAD SHAHID**	**Doctor's Name**	:**Sajid Sanaullah**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **17-10-2023** To **16-10-2024**		
Gender	: **Female**		
Date Of Birth	: **25-May-2007**		
Patient's Tel No	: **0588304625**		

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 : 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