

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : BALA VEERA VENKATA
GANESH THIRUMANI
Card No : I005-029-117393864-03
Policy Holder : BALA VEERA VENKATA
GANESH THIRUMANI
Payer Name : DUBAI INSURANCE
COMPANY
TPA : E CARE - Green Network
Validity : 24-10-2023 To 23-10-2024
Gender : Male
Date Of Birth : 22-Mar-1989
Patient's Tel No : 0588744779

Service Date : 14-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 : High fever and severe cough since three days back started on 11/11/2023 **Duration:** nasal congestion and wheezing also exist and is severe

Vitals: Temp : 37.1 Bp :128 Pulse :100 Resp :22**Clinical Findings:**

Diagnosis: J02.9 - Acute pharyngitis, unspecified, J20.9 - Acute bronchitis, unspecified, R68.83 - Chills (without fever), R50.9 - Fever, unspecified, R09.81 - Nasal congestion, **Date of Onset :** 14/5/2023

Requested Investigations: 9, Consultation GP, 0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P., 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE, 0005-111805-1021, CHLOROHISTOL 10MG, 0005-149902-1021, CLOFEN , 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, 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT, 86140, C REACTIVE PROTEIN, 85651, SEDIMENTATION RATE RBC NON AUTOMATED

Prescriptions: 0006-402804-2481 - (SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE), 0005-116801-1162 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP, 0252-389802-1171 - (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 MG) TABLETS, 0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS, **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.

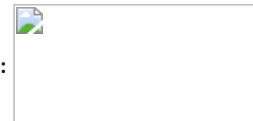
PATIENT'S DECLARATION :

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 : Sajid Sanaullah

Stamp :

Patient's signature{Parent : if minor}



Date : 14-Nov-2023

Signature :
Date : 14-Nov-2023