

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : DINESH GOTAME
Card No : I005-029-120010094-03
Policy Holder : DINESH GOTAME
Payer Name : DUBAI INSURANCE COMPANY
TPA : E CARE - Green Network
Validity : 24-10-2023 To 23-10-2024
Gender : Male
Date Of Birth : 13-Apr-1996
Patient's Tel No : 0507468620

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 joint pain started yesterday 13/11/2023 and severe dry cough and sneezing also started at the same time severe cough and sneezing and respiratory difficulty and nasal block also added

Vitals:Temp : 36.9 Bp :137 Pulse :92 Resp :22**Clinical Findings**:

Diagnosis: J18.0 - Bronchopneumonia, unspecified organism, J02.9 - Acute pharyngitis, unspecified, R09.81 - Nasal congestion, R05 - Cough, R06.2 - Wheezing, **Date of Onset** :14/01/2023

Requested Investigations: 9, Consultation GP, 0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P., 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE, 0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION, 0005-149902-1021, CLOFEN , 0195-107704-0802, CEFTRIAXONE-TABUK IM, 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

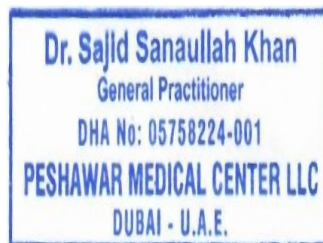
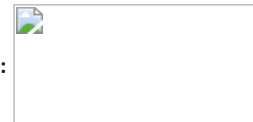
Prescriptions: 0006-402804-2481 - (SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE), 0005-116801-1162 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP, 4179-711202-0391 - (IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS, 0252-389802-1171 - (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 MG) TABLETS, 0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 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 : Nov-2023
Signature :

Date : 14-Nov-2023