

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MARWA OUFRIID
Card No : I017-029-118993195-01
Policy Holder : MARWA OUFRIID
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Female
Date Of Birth : 01-Jul-1997
Patient's Tel No : 0507291756

Service Date : 15-Nov-2023
Health Provider : Irham Medical Center Arjan
Doctor's Name : Sajid Sanaullah
Co-Insurance :

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

Network : Green
Direct Access SP - YES
Remarks :

☐ Acute
 ☐ Pre-existing and chronic
 ☐ Maternity

Chief Complaints : Severe body pain and high fever and chills since threedays back started
 12/11/2023 severe cough and body pain started today and weakness also started

Duration:

Vitals: Temp : 36.8 Bp :114 Pulse :73 Resp :22

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified, J18.0 - Bronchopneumonia, unspecified organism, R06.2 - Wheezing, R50.9 - Fever, unspecified, R05 - Cough,

Date of Onset : 15/25/2023

Requested Investigations: 9, Consultation GP, 0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P., 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE, 0195-107704-0801, CEFTRIAXONE-TABUK IV, 0005-149902-1021, CLOFEN , 0005-111805-1021, CHLOROHISTOL 10MG- (CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION, 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 DIRNTL WBC COUNT, 85651, SEDIMENTATION RATE RBC NON AUTOMATED, 86140, C REACTIVE PROTEIN

Estimated : Cost

Prescriptions: 4417-711202-0391 - (IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS, 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, 0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 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 :

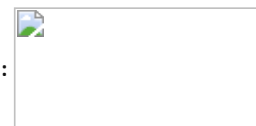
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature (Parent : if minor)



Date : 15-Nov-2023

Signature :

Date : 15-Nov-2023