Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: KAOUTAR BENCHELHA	**Service Date**	:20-Nov-2023	**Network**	: Green
Card No	: I017-029-116461315-02	**Health Provider**	:Irham Medical Center Arjan	**Direct Access SP - YES**	
Policy Holder	: KAOUTAR BENCHELHA	**Doctor's Name**	:Sajid Sanaullah		
Payer Name	: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC	**Co-Insurance**	:		
TPA	: E CARE - Green Network	**Remarks**	:		
Validity	: 01-10-2023 To 30-09-2024				
Gender	: Female				
Date Of Birth	: 13-Jul-1993				
Patient's Tel No	: 0563229007				

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 : from15/11/2023 has cough high fever and sore throat and body pain **Duration :**

Vitals: Temp : 36.5 Bp :110 Pulse :87 Resp :22

Clinical Findings:

Diagnosis: J03.91 - Acute recurrent tonsillitis, unspecified,J09.X9 - Flu due to ident novel influenza A virus w oth manifest,R53.1 - Weakness,R69 - Illness, unspecified,J02.9 - Acute pharyngitis, unspecified, **Date of Onset** :20/06/2023

Requested Investigations: 96372, THER/PROPH/DIAG INJ SC/IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,0006-124513-2071, VENTOLIN NEBULES,94640, AIRWAY INHALATION TREATMENT,9, Consultation GP **Estimated Cost** :

Prescriptions: 0252-107001-1171 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 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.

Dr's Name : Sajid Sanaullah

Stamp :

Signature :

Date : 20-Nov-2023

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.

Patient 's signature{Parent : if minor}

Date : 20-Nov-2023