

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SHUBHAM BAWEJA BIHARI
Card No : I017-029-117640205-02
Policy Holder : SHUBHAM BAWEJA BIHARI
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-01-1900 To 30-09-2024
Gender : Male
Date Of Birth : 19-Jun-1997
Patient's Tel No : 0563645343

Service Date : 25-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 : throat pain from 23/11/2023 and stomach pain and nose fullness **Duration :**

Vitals:Temp : 36.4 Bp :110 Pulse :76 Resp :22

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J01.00 - Acute maxillary sinusitis, unspecified, **Date of Onset :** 25/17/2023

Requested Investigations: 0006-124513-2071, VENTOLIN NEBULES,94640, AIRWAY INHALATION TREATMENT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0195-107704-0802, CEFTRIAXONE-TABUK IM,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,96372, THER/PROPH/DIAG INJ SC/IM,96360, HYDRATION IV INFUSION INIT,0005-149902-1021, CLOFEN ,9, Consultation GP

**Estimated :
Cost**

Prescriptions: 0252-107001-1171 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) TABLETS,0248-135501-1161 - (DEXTROMETHORPHAN : 125 MG/100ML) (DIPHENHYDRAMINE : 100 MG/100ML) (EPHEDRINE : 150 MG/100 ML) (GUAIFENESIN : 10 MG/ML) SYRUP,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 :

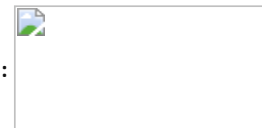
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



**25-
Date : Nov-
2023**

Signature :

Date : 25-Nov-2023