Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **DUMINDA SANJAYA NAKANDALAGE DON**	**Service Date**	**:29-Nov-2023**
Card No	: **I017-029-117303312-02**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **DUMINDA SANJAYA NAKANDALAGE DON**	**Doctor's Name**	**:Sajid Sanaullah**
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **01-01-1900** To **30-09-2024**		
Gender	: **Male**		
Date Of Birth	: **08-Sep-1979**		
Patient's Tel No	: **0569042585**		

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

Network : Green

Direct Access SP - YES

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : severe sore throat and body pain started yesterday on27/11/2023 and severe cough started today **Duration:**

Vitals: Temp : 38 Bp :149 Pulse :110 Resp :22

Clinical Findings:

Diagnosis: J18.0 - Bronchopneumonia, unspecified organism,R05 - Cough, **Date of Onset** :29/34/2023

Requested Investigations: 0195-107704-0802, CEFTRIAXONE-TABUK IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,0006-124513-2071, VENTOLIN NEBULES,9.01, Follow Up Consultation GP **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), **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 :

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 29-Nov-2023

Signature :

Date : 29-Nov-2023