

Administrative

MEDICAL CLAIM FORM

Claim Ref:

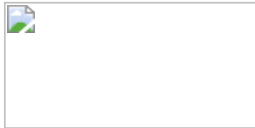
Patient Name : DUMINDA SANJAYA
Card No : I017-029-117303312-02
Policy Holder : DUMINDA SANJAYA
Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-01-1900 To 30-09-2024
Gender : Male
Date Of Birth : 08-Sep-1979
Patient's Tel No : 0569042585

Service Date : 29-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 sore throat and body pain started yesterday on 27/11/2023 and severe cough started today		
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 : 	Patient's signature {Parent : if minor} 
Signature : 	Date : 29-Nov-2023	Date : 29-Nov-2023