Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ASHRAF HASSAN HUSSEIN ELGHAMRY ABOUELGHIT**	**Service Date**	**:02-Dec-2023**	**Network**	**:** Green
Card No	: **I017-029-116280018-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **ASHRAF HASSAN HUSSEIN ELGHAMRY ABOUELGHIT**	**Doctor's Name**	**:Enomen Goodluck**		
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	: **Male**				
Date Of Birth	: **24-Jul-1985**				
Patient's Tel No	: **0547446008**				

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 : C/o: Cough, fever, and generalized body pains, Also joint pains and weakness. **Duration:**

Vitals: Temp : 38.3 Bp :118 Pulse :112 Resp :21

Clinical Findings:

Diagnosis: J22 - Unspecified acute lower respiratory infection,J00 - Acute nasopharyngitis [common cold],R50.9 - Fever, unspecified, **Date of Onset** :02/50/2023

Requested Investigations: 9, Consultation GP,85652, SEDIMENTATION RATE RBC AUTOMATED,86140, C REACTIVE PROTEIN,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,96374, THER/PROPH/DIAG INJ IV PUSH,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION **Estimated Cost** :

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0005-119803-1172 - (PREDNISOLONE : 20 MG) TABLETS,0696-107902-0392 - (IBUPROFEN : 400 MG) FILM COATED TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,0097-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED 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 : Enomen Goodluck **Stamp :**

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date** : 02-Dec-2023

Signature : **Date** : 02-Dec-2023