

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : AMARA HELEN UDEGBUNAM
Card No : I017-029-116511793-02
Policy Holder : AMARA HELEN UDEGBUNAM
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-01-1900 To 30-09-2024
Gender : Female
Date Of Birth : 16-Mar-1990
Patient's Tel No : 0501492443

Service Date : 03-Dec-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 headache and sore secretions since three days started On 1/12/2023 **Duration:** history of flu last week

Vitals: Temp : 37 Bp :100 Pulse :91 Resp :19

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J01.00 - Acute maxillary sinusitis, unspecified,R51.9 - Headache, **Date of Onset** :03/45/2023 unspecified,

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,0005-149902-1021, CLOFEN ,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP

Estimated :
Cost

Prescriptions: 0015-101502-0271 - (ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS,4417-711202-0391 - (IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED 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.

PATIENT'S DECLARATION :

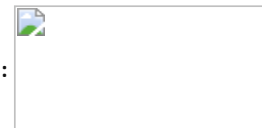
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient 's signature{Parent : if minor}



Date : 03-Dec-2023

Signature :

Date : 03-Dec-2023