Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **AMARA HELEN UDEGBUNAM**	**Service Date**	**:03-Dec-2023**
Card No	: **I017-029-116511793-02**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **AMARA HELEN UDEGBUNAM**	**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	: **Female**		
Date Of Birth	: **16-Mar-1990**		
Patient's Tel No	: **0501492443**		

Network : Green

Direct Access SP - YES

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 : Severe headache and sore secretions since three days started 0n 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, unspecified, **Date of Onset** :03/45/2023

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