Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **SHUBHAM YADAV TAHASELDAR YADAV**	**Service Date**	**:05-Dec-2023**
Card No	: **I017-029-117490819-02**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **SHUBHAM YADAV TAHASELDAR YADAV**	**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	: **28-Sep-1997**		
Patient's Tel No	: **0589532040**		

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 : from last 3 days ago 2/12/2023 has fever and cough and body pain **Duration :**

Vitals: Temp : 37.6 Bp :129 Pulse :102 Resp :22

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,R07.0 - Pain in throat, **Date of Onset** :05/21/2023

Requested Investigations: 0195-107704-0802, CEFTRIAXONE-TABUK IM,0006-124513-2071, VENTOLIN NEBULES,94640, AIRWAY INHALATION TREATMENT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 0252-107001-1171 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) TABLETS,0202-185401-1161 - (CHLORPHENIRAMINE : 2 MG/5ML) (DEXTROMETHORPHAN : 30 MG/5ML) (PSEUDOEPHEDRINE : 10 MG/5ML) SYRUP,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 : 05-Dec-2023

Signature :

Date : 05-Dec-2023