Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: DILAN SAMALKA SENANAYAKE KALUTARA KORALALAGE**
Card No	**: I017-029-117490343-02**
Policy Holder	**: DILAN SAMALKA SENANAYAKE KALUTARA KORALALAGE**
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**
TPA	**: E CARE - Green Network**
Validity	**: 01-10-2023** To **30-09-2024**
Gender	**: Male**
Date Of Birth	**: 18-Sep-1990**
Patient's Tel No	**: 0522946517**

Service Date **:13-Dec-2023** **Network** **:** Green

Health Provider **:Irham Medical Center Arjan** **Direct Access SP - YES**

Doctor's Name **:Sajid Sanaullah**

Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks :

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : Severe cough after two weeks of acute pharyngitis started 1/12/2023 **Duration :**

Vitals: Temp : 36.6 Bp :113 Pulse :87 Resp :22

Clinical Findings:

Diagnosis: J45.991 - Cough variant asthma,J20.9 - Acute bronchitis, unspecified,T78.40XA - Allergy, unspecified, initial encounter, **Date of Onset** **:**13/54/2023

Requested Investigations: 9, Consultation GP,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG,96372, THER/PROPH/DIAG INJ SC/IM,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,0006-124513-2071, VENTOLIN NEBULES **Estimated Cost** **:**

Prescriptions: 0015-101502-0271 - (ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS,1401-395404-0391 - (MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS,0030-183202-0391 - (FEXOFENADINE HCL : 180 MG) FILM COATED TABLETS,1393-412002-1391 - (FLUTICASONE PROPIONATE : 250 MCG/DOSE) (SALMETEROL (AS XINAFOATE) : 25 MCG/DOSE) AEROSOL INHALER, **Estimated Cost** **:**

MEDICAL PRACTITIONER DECLARATION : **PATIENT'S 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.

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

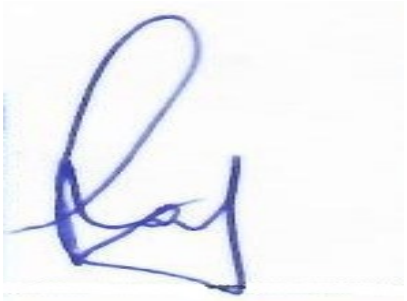
Stamp :

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 13-Dec-2023

Signature :



Date : 13-Dec-2023