# Administrative MEDICAL CLAIM FORM Claim Ref:

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|---|---|---|---|---|---|
| **Patient Name** | **: SAQIB ULLAH SAMI ULLAH** | **Service Date** | **:14-Dec-2023** | **Network** | **:** Green |
| **Card No** | **: I017-029-118424237-02** | **Health Provider** | **:Irham Medical Center Arjan** | | **Direct Access SP - YES** |
| **Policy Holder** | **: SAQIB ULLAH SAMI ULLAH** | **Doctor's Name** | **:Sajid Sanaullah** | | |
| **Payer Name** | **: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC** | **Co-Insurance** | : | | |
| **TPA** | **: E CARE - Green Network** | **Remarks** | **:** | | |
| **Validity** | **: 01-02-2023** To **31-01-2024** | | | | |
| **Gender** | **: Male** | | | | |
| **Date Of Birth** | **: 01-Jan-1997** | | | | |
| **Patient's Tel No** | **: 0589662543** | | | | |

| 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 redness and secretions from eyes since three days started 11/12/2023 **Duration:**

**Vitals:**Temp : 36.8 Bp :89 Pulse :80 Resp :0

**Clinical Findings:**

**Diagnosis:** H10.11 - Acute atopic conjunctivitis, right eye,T78.40XA - Allergy, unspecified, initial encounter,H10.521 - Angular blepharoconjunctivitis, right eye,J20.9 - Acute bronchitis, unspecified, **Date of Onset** **:**14/08/2023

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

**Prescriptions:** 0085-239201-0371 - (DEXAMETHASONE : 0.10%) (TOBRAMYCIN : 0.3%) EYE DROPS,0355-109702-0371 - (NAPHAZOLINE : 0.1%) EYE DROPS,0784-390401-0371 - (DISTILLED WITCH HAZEL : 125 MG/ML) (NAPHAZOLINE HCL : 0.1 MG/ML) EYE DROPS,0005-116801-1161 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP, **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

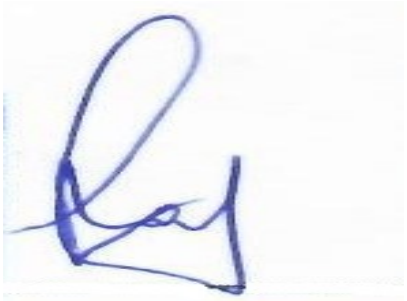
**Stamp :**

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 :** 14-Dec-2023

**Signature :**



**Date** : 14-Dec-2023