

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : DILSHAN JAYARUK MENDIS
Card No : I017-029-118720588-01
Policy Holder : DILSHAN JAYARUK MENDIS
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 : 02-Jun-1999
Patient's Tel No : 0547164390

Service Date : 15-Dec-2023
Health Provider : Irham Medical Center Arjan
Doctor's Name : Sajid Sanaullah

Network : Green
Direct Access SP - YES

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 : pain in nasopharynx, all muscular pain, c/o Back pain 10/10, mostly lower back , no urinary or fecal incontinence, no radiation, difficulty walking , no anesthesia , made worse with walking or any activity, improves with rest. Pt, complaints of generalized fatigue since past few months with weight gain and obesity. He also has high BP and chest pain on few times a week., unspecified, FEVER WITH CHILLS

Vitals:Temp : 36.8 Bp :107 Pulse :79 Resp :20

Clinical Findings:

Diagnosis: R52 - Pain, unspecified,R07.0 - Pain in throat,R50.9 - Fever, unspecified,J11.89 - Influenza due to unidentified influenza virus w oth manifest,

Date of Onset : 15/09/2023

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,84520, UREA NITROGEN QUANTITATIVE,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,0102-111908-1001, SODIUM CHLORIDE B.P.-(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96360, HYDRATION IV INFUSION INIT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,96374, THER/PROPH/DIAG INJ IV PUSH

Estimated : Cost

Prescriptions: 0005-134001-1171 - (BROMHEXINE HYDROCHLORIDE : 8 MG) TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,0120-270401-1171 - (AMYLMETACRESOL : 0.6MG) (ASCORBIC ACID (VITAMIN C) : 100 MG) (DICHLOROPHENYLCARBINOL : 1.2 MG) TABLETS,1307-127402-1451 - (AZITHROMYCIN : 250 MG) CAPSULES (HARD GELATIN),

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 :

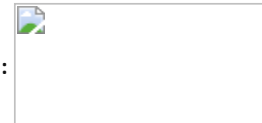
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient 's signature{Parent : if minor}



Date : 15-Dec-2023

Signature :

A handwritten signature in blue ink, appearing to be 'Raj', is displayed within a rectangular box.

Date : 15-Dec-2023