Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **DILSHAN JAYARUK MENDIS BALAPUWADUGE**	**Service Date**	**:15-Dec-2023**
Card No	: **I017-029-118720588-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **DILSHAN JAYARUK MENDIS BALAPUWADUGE**	**Doctor's Name**	**:Sajid Sanaullah**
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **01-10-2023** To **30-09-2024**		
Gender	: **Male**		
Date Of Birth	: **02-Jun-1999**		
Patient's Tel No	: **0547164390**		

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 : 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 **Duration:**

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 :  **Date :** 15-Dec-2023