Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ANUGYA ARYA AMARESH PRASAD**	**Service Date**	**:16-Dec-2023**	**Network**	: Green
Card No	: **I017-029-117996524-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **ANUGYA ARYA AMARESH PRASAD**	**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	: **Female**				
Date Of Birth	: **11-Nov-1996**				
Patient's Tel No	: **0527962012**				

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 : weakness after viral infection, post nasal discharge, dry and wet cough **Duration :**

Vitals: Temp : 37.2 Bp :128 Pulse :79 Resp :22

Clinical Findings:

Diagnosis: R53.1 - Weakness,R50.9 - Fever, unspecified,R07.0 - Pain in throat,J01.90 - Acute sinusitis, unspecified,R05 - Cough, **Date of Onset** :16/31/2023

Requested Investigations: 9.01, Follow Up Consultation GP,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96374, THER/PROPH/DIAG INJ IV PUSH,0006-124513-2071, VENTOLIN NEBULES,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,96360, HYDRATION IV INFUSION INIT,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT **Estimated Cost :**

Prescriptions: 0070-124404-2061 - (MOMETASONE FUROATE : 50 MCG) NASAL SPRAY PUMP,1389-416601-1171 - (PANTOTHENIC ACID (VITAMIN B5) : 20 MG) (ZINC : 15 MG) (CYSTEINE : 40 MG) (CARNITINE : 30 MG) (BETACAROTENE : 3 MG) (IRON : 8 MG) (RIBOFLAVINE (VITAMIN B2) : 6 MG) (CHROMIUM : 100 MCG) (VITAMIN B12 : 14 MCG) (FOLIC ACID : 500 MCG) (THIAMINE (VITAMIN B1) : 18 MG) (NIACIN (VITAMIN B3; NICOTINIC ACID) : 27 MG) (PYRIDOXINE (VITAMIN B6) : 10 MG) (ASCORBIC ACID (VITAMIN C) : 150 MG) (VITAMIN A : 800 MCG) (VITAMIN E : 40 MG) (SELENIUM : 180 MCG) (COPPER : 0.5 MG) (MANGANESE : 4 MG) (VITAMIN K : 70 MCG),0015-101502-0271 - (ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS,1069-108101-0391 - (DESLORATADINE : 5 MG) FILM COATED 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 : 16-Dec-2023

Signature :

Date : 16-Dec-2023