Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ASFAK KHAN IBRAHIM KHAN**	**Service Date**	**:16-Dec-2023**	**Network**	: Green
Card No	: **I017-029-118394174-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **ASFAK KHAN IBRAHIM KHAN**	**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	: **01-Jan-1995**				
Patient's Tel No	: **0523650862**				

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, FEVER WITH CHILLS, 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.

Duration:

Vitals: Temp : 36.7 Bp :125 Pulse :78 Resp :20

Clinical Findings:

Diagnosis: R07.0 - Pain in throat,R52 - Pain, unspecified,R50.9 - Fever, unspecified,E86.0 - Dehydration,R29.91 - Unsp symptoms and signs involving the musculoskeletal system,

Date of Onset :16/52/2023

Requested Investigations: 96360, HYDRATION IV INFUSION INIT,96372, THER/PROPH/DIAG INJ SC/IM,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,0248-122107-1021, DEXAMETHASONE SODIUM PHOSPHATE ,86140, C REACTIVE PROTEIN,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,84520, UREA NITROGEN QUANTITATIVE,85652, SEDIMENTATION RATE RBC AUTOMATED,9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH

Estimated Cost :

Prescriptions: 0005-116702-2481 - (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE),1307-127402-1451 - (AZITHROMYCIN : 250 MG) CAPSULES (HARD GELATIN),0788-106705-1171 - (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,0015-101502-0271 - (ACETYLCYSTEINE : 600 MG) EFFERVESCENT 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