

Administrative

MEDICAL CLAIM FORM

Claim Ref:

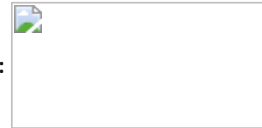
Patient Name : JIAHCIN ASEREMO
Card No : I017-029-114524993-02
Policy Holder : JIAHCIN ASEREMO
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-01-1900 To 30-09-2024
Gender : Female
Date Of Birth : 15-Sep-1990
Patient's Tel No : 971566442706

Service Date : 17-Dec-2023
Health Provider : Irham Medical Center Arjan
Doctor's Name : Sajid Sanaullah
Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Network : Green
Direct Access SP - YES

Remarks :

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
Chief Complaints : Severe sore throat since last night and yesterday 15/12/2023 severe cough started today Duration:		
Vitals: Temp : 36.8 Bp :109 Pulse :82 Resp :20		
Clinical Findings:		
Diagnosis: J02.9 - Acute pharyngitis, unspecified,J20.9 - Acute bronchitis, unspecified,R05 - Cough, Date of Onset : 17/38/2023		
Requested Investigations: 9, Consultation GP,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,0006-124513-2071, VENTOLIN NEBULES Estimated Cost :		
Prescriptions: 0006-402804-2481 - (SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE),0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS,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 : 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} 
Signature : 	Date : 17-Dec-2023	Date : Dec-2023