

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : LAKJAYA WARNAJITH
Card No : I017-029-116122331-02
Policy Holder : LAKJAYA WARNAJITH
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-01-1900 To 30-09-2024
Gender : Male
Date Of Birth : 30-Sep-1990
Patient's Tel No : 0563007824

Service Date : 17-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

Co-Insurance :

Remarks :

☐ Acute
 ☐ Pre-existing and chronic
 ☐ Maternity

Chief Complaints : SEVERE PHARYNGITIS AND EXUDATE IN PHARYNX AND HIGH LEUKOCYTOSIS Duration: AND HIGH CRP AND ESR DONE IN 13/12/2023

Vitals: Temp : 36.7 Bp :130 Pulse :100 Resp :21

Clinical Findings:

Diagnosis: J02.8 - Acute pharyngitis due to other specified organisms, J03.90 - Acute tonsillitis, unspecified, H66.003 - Acute suppurative otitis media w/o spon rupt ear drum, bilateral, Date of Onset :17/58/2023

Requested Investigations: 0195-107704-0802, CEFTRIAXONE-TABUK IM, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE, 0005-149902-1021, CLOFEN, 96372, THER/PROPH/DIAG INJ SC/IM, 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT, 86140, C REACTIVE PROTEIN, 85651, SEDIMENTATION RATE RBC NON AUTOMATED, 86644, ANTIBODY CYTOMEGALOVIRUS CMV, 9.01, Follow Up Consultation GP

Prescriptions: 0219-142902-1452 - (CEFIXIME : 400 MG) CAPSULES (HARD GELATIN), 0067-116705-1161 - (DIPHENHYDRAMINE : 14 MG/5 ML) 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 :

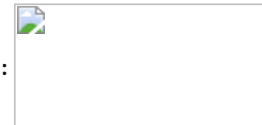
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature {Parent : if minor}



Date : 17-Dec-2023

Signature :

Date : 17-Dec-2023