

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : ANUGYA ARYA AMARESH PRASAD
Card No : I017-029-117996524-02
Policy Holder : ANUGYA ARYA AMARESH PRASAD
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Female
Date Of Birth : 11-Nov-1996
Patient's Tel No : 0527962012

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 : ACUTE SINUSITIS, WITHOUT FEVER

Duration :

Vitals:Temp : 36.8 Bp :95 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: R68.83 - Chills (without fever),J11.1 - Flu due to unidentified influenza virus w oth resp manifest,J01.80 - **Date of Onset :** 17/01/2023
 Other acute sinusitis,M79.10 - Myalgia, unspecified site,

Requested Investigations: 0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,96365, THER/PROPH/DIAG IV INF INIT,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIRNTL WBC COUNT,85652, SEDIMENTATION RATE RBC AUTOMATED,86140, C REACTIVE PROTEIN,82565, CREATININE BLOOD,84132, POTASSIUM SERUM PLASMA/WHOLE BLOOD,84295, SODIUM SERUM PLASMA OR WHOLE BLOOD,9.01, Follow Up Consultation GP

Estimated : Cost

Estimated Cost

Prescriptions:

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 :

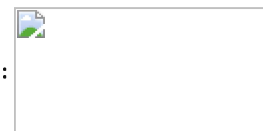
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : Dec-2023

Signature :

Date : 17-Dec-2023