

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MICHELLE SABALAN
Card No : I017-029-119448945-01
Policy Holder : MICHELLE SABALAN
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Blue Network
Validity : 01-10-2023 To 30-09-2024
Gender : Female
Date Of Birth : 23-May-1988
Patient's Tel No : 0569132882

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 : dry and wet cough, ACUTE SINUSITIS, all muscular pain, FEVER WITH CHILLS, **Duration:** HEADACHE IN FRONT OF THE HEAD AFTER VIRAL INFECTION

Vitals:Temp : 36.8 Bp :105 Pulse :96 Resp :22

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,J11.1 - Flu due to unidentified influenza virus w oth resp manifest,R52 - Pain, **Date of Onset** :17/48/2023
 unspecified,J01.20 - Acute ethmoidal sinusitis, unspecified,

Requested Investigations: 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) **Estimated :**
 SOLUTION FOR INFUSION,96365, THER/PROPH/DIAG IV INF INIT,0102-100104-1001, SODIUM **Cost**
 CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR
 INFUSION,96360, HYDRATION IV INFUSION INIT,0005-111805-1021, CHLOROHISTOL 10MG-
 (CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG
 INJ SC/IM,0195-107704-0802, CEFTRIAXONE-TABUK IM,0006-124513-2071, VENTOLIN NEBULES-
 (SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION,85025, BLOOD COUNT COMPLETE AUTO&AUTO
 DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP

Prescriptions: 0067-116705-1161 - (DIPHENHYDRAMINE : 14 MG/5 ML) SYRUP,0788-106705-1171 - **Estimated :**
 (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) **Cost**
 TABLETS,5692-273401-1451 - (OSELTAMIVIR (AS PHOSPHATE) : 75 MG) CAPSULES (HARD
 GELATIN),0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,0139-116207-
 1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS,

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 :

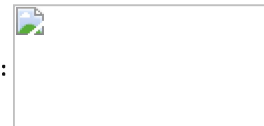
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : 17-Dec-2023

Signature :

A handwritten signature in blue ink, appearing to be 'Raj', is displayed within a rectangular box.

Date : 17-Dec-2023