Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: SUDHEER KUMAR MATTA SUDHAKAR MATTA**
Card No	**: I017-029-117699694-02**
Policy Holder	**: SUDHEER KUMAR MATTA SUDHAKAR MATTA**
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**
TPA	**: E CARE - Green Network**
Validity	**: 01-10-2023** To **30-09-2024**
Gender	**: Male**
Date Of Birth	**: 13-Jun-1995**
Patient's Tel No	**: 506854328**

Service Date	**:17-Dec-2023**	**Network**	**:** Green
Health Provider	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Doctor's Name	**:Sajid Sanaullah**		

Co-Insurance :

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

Remarks :

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : all muscular pain, HEADACHE IN FRONT OF THE HEAD AFTER VIRAL INFECTION, post nasal discharge, FEVER WITH CHILLS **Duration:**

Vitals: Temp : 36.9 Bp :120 Pulse :89 Resp :22

Clinical Findings:

Diagnosis: J01.80 - Other acute sinusitis,R50.9 - Fever, unspecified,R52 - Pain, unspecified,J11.89 - Influenza due to unidentified influenza virus w oth manifest,R05 - Cough, **Date of Onset** :17/07/2023

Requested Investigations: 9, Consultation GP,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,0195-107704-0802, CEFTRIAXONE-TABUK IM,96372, THER/PROPH/DIAG INJ SC/IM,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,82565, CREATININE BLOOD,96360, HYDRATION IV INFUSION INIT **Estimated Cost :**

Prescriptions: 0005-134001-1171 - (BROMHEXINE HYDROCHLORIDE : 8 MG) TABLETS,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,0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) 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 : 17-Dec-2023

Signature :

Date : 17-Dec-2023