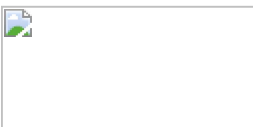


Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: SUDHEER KUMAR MATTA SUDHAKAR MATTA	Service Date	:17-Dec-2023	Network	: Green															
Card No	: I017-029-117699694-02	Health Provider	:Irham Medical Center Arjan	Direct Access SP - YES																
Policy Holder	: SUDHEER KUMAR MATTA SUDHAKAR MATTA	Doctor's Name	:Sajid Sanaullah																	
Payer Name	: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC	Co-Insurance	<table><tr><td>CONSULTATION</td><td>LAB/RADIOLOGY</td><td>PHYSIO</td><td>PHARMACY</td><td>IP</td><td>MATERNITY</td><td>DENTAL</td></tr><tr><td>10% max</td><td>NIL</td><td>NIL</td><td>NIL LIMIT</td><td>NIL</td><td>10%</td><td>NA</td></tr></table>				CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL	10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA
CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL														
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA														
TPA	: E CARE - Green Network	Remarks	:																	
Validity	: 01-10-2023 To 30-09-2024																			
Gender	: Male																			
Date Of Birth	: 13-Jun-1995																			
Patient's Tel No	: 506854328																			

☐ 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 DIRNTL 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 : 
Signature : 	Date : 17-Dec-2023
Patient 's signature{Parent : if minor}	
	Date : 17-Dec-2023