Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: RAJAN JOSEPH JOSEPH RAJAPPAN**	**Service Date**	**:18-Dec-2023**
Card No	**: I040-029-117773737-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	**: RAJAN JOSEPH JOSEPH RAJAPPAN**	**Doctor's Name**	**:Sajid Sanaullah**
Payer Name	**: UNION INSURANCE COMPANY**		
TPA	**: E CARE - Blue Network**		
Validity	**: 01-01-1900** To **01-01-2024**		
Gender	**: Male**		
Date Of Birth	**: 25-May-1977**		
Patient's Tel No	**: 0588074897**		

Network : Green

Direct Access SP - YES

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 : dry and wet cough, FEVER WITH CHILLS, all muscular pain **Duration :**

Vitals: Temp : 36.8 Bp :119 Pulse :90 Resp :22

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,M79.10 - Myalgia, unspecified site,R09.81 - Nasal congestion,R05 - Cough, **Date of Onset :**18/14/2023

Requested Investigations: 0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96374, THER/PROPH/DIAG INJ IV PUSH,96365, THER/PROPH/DIAG IV INF INIT,0248-122107-1021, DEXAMETHASONE SODIUM PHOSPHATE,96372, THER/PROPH/DIAG INJ SC/IM,0102-111908-1001, SODIUM CHLORIDE B.P.-(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,82565, CREATININE BLOOD,86140, C REACTIVE PROTEIN,96360, HYDRATION IV INFUSION INIT,9, Consultation GP **Estimated Cost :**

Prescriptions: 2813-658701-0061 - (5-HYDROXYTRYPTOPHAN (5- HTP) : 150 MG) (THIAMINE HYDROCHLORIDE (VITAMIN B1) : 0.28 MG) (PYRIDOXINE HYDROCHLORIDE (VITAMIN B6) : 0.35 MG) CAPSULES,0115-114302-0391 - (GLIMEPIRIDE : 2 MG) (METFORMIN HCL : 500 MG) FILM COATED TABLETS,5418-844001-1171 - (VOGLIBOSE : 0.2 MG) TABLETS,0096-106304-0271 - (ASCORBIC ACID (VITAMIN C) : 1 G) EFFERVESCENT TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : **Estimated Cost :**

0.15% W/V) SYRUP,0788-106705-1171 - (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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.

Dr's Name : Sajid Sanaullah

Stamp :

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature :

Date : 18-Dec-2023

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.

Patient 's signature{Parent : if minor}

Date : 18-Dec-2023