Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **MOHAMMAD MASOM MIAH NAJIM UDDIN**	**Service Date**	**:20-Dec-2023**	**Network**	: Green
Card No	: **I017-029-118594430-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **MOHAMMAD MASOM MIAH NAJIM UDDIN**	**Doctor's Name**	**:Sajid Sanaullah**		
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	: **E CARE - Green Network**	**Remarks**	:		
Validity	: **01-01-1900** To **30-09-2024**				
Gender	: **Male**				
Date Of Birth	: **02-Mar-1990**				
Patient's Tel No	: **0588648317**				

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

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

Chief Complaints : vometing, nausa, gastric pain **Duration :**

Vitals: Temp : 36.7 Bp :116 Pulse :88 Resp :22

Clinical Findings:

Diagnosis: R11.0 - Nausea,R11.10 - Vomiting, unspecified,K29.01 - Acute gastritis with bleeding,R10.13 - Epigastric pain, **Date of Onset** :20/51/2023

Requested Investigations: 0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86901, BLOOD TYPING RH D,82565, CREATININE BLOOD,84295, SODIUM SERUM PLASMA OR WHOLE BLOOD,84132, POTASSIUM SERUM PLASMA/WHOLE BLOOD,84520, UREA NITROGEN QUANTITATIVE,86677, ANTIBODY HELICOBACTER PYLORI,9, Consultation GP **Estimated Cost :**

Prescriptions: 0430-161101-1171 - (BISMUTH SUBCITRATE : 120 MG) TABLETS,0097-397801-0391 - (DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS,0155-132303-1451 - (MEBEVERINE : 200 MG) CAPSULES (HARD GELATIN),0207-632002-1751 - (PANTOPRAZOLE (AS SODIUM SESQUIHYDRATE) : 40 MG) GASTRO-RESISTANT 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 :**

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

Patient 's signature{Parent if minor} : **Date :** 20-Dec-2023

Signature :  **Date** : 20-Dec-2023