Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: PRAJAKTA NARENDRA PATIL NARENDRA LAXMANRAO PATIL**	**Service Date**	**:20-Dec-2023**	**Network**	**:** Green
Card No	**: I017-029-118147700-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: PRAJAKTA NARENDRA PATIL NARENDRA LAXMANRAO PATIL**	**Doctor's Name**	**:Sajid Sanaullah**		
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	**:**		
TPA	**: E CARE - Green Network**	**Remarks**	**:**		
Validity	**: 01-10-2023** To **30-09-2024**				
Gender	**: Female**				
Date Of Birth	**: 24-Nov-1995**				
Patient's Tel No	**: 0524569889**				

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 : weakness after viral infection, pain arround umblus and also pain in area of stomach, Fever chills, diarrhea **Duration:**

Vitals: Temp : 36.6 Bp :93 Pulse :87 Resp :22

Clinical Findings:

Diagnosis: R19.7 - Diarrhea, unspecified,R50.9 - Fever, unspecified,R53.1 - Weakness,L29.9 - Pruritus, unspecified, **Date of Onset:**20/30/2023

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,84520, UREA NITROGEN QUANTITATIVE,85652, SEDIMENTATION RATE RBC AUTOMATED,86140, C REACTIVE PROTEIN,84295, SODIUM SERUM PLASMA OR WHOLE BLOOD,84132, POTASSIUM SERUM PLASMA/WHOLE BLOOD,82565, CREATININE BLOOD,84450, TRANSFERASE ASPARTATE AMINO AST SGOT,84460, TRANSFERASE ALANINE AMINO ALT SGPT,9, Consultation GP **Estimated Cost :**

Prescriptions: 0788-106705-1171 - (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS,0102-230603-0831 - (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION,2654-636101-0061 - (STARFLOWER OIL : 100 MG) (EVENING PRIMROSE OIL : 100 MG) (VITAMIN D3 : 5 MCG) (VITAMIN E : 30 MG) (VITAMIN C : 60 MG) (THIAMINE (VITAMIN B1) : 10 MG) (RIBOFLAVINE (VITAMIN B2) : 5 MG) (NIACIN : 36 MG) (VITAMIN B6 : 10 MG) (FOLACIN : 400 **Estimated Cost :**

MCG) (VITAMIN B12 : 20 MCG) (BIOTIN : 50 MCG) (PANTOTHENIC ACID : 6 MG) (VITAMIN K : 90 MCG) (NATURAL MIXED CAROTENOIDS : 2 MG) (IRON : 12 MG) (MAGNESIUM : 100 MG) (ZINC : 12 MG) (MANGANESE : 2.5 MG) (COPPER : 1.5 MG) (SELENIUM : 100 MCG) (CHROMIUM : 50 MCG) (PA,0202-136501-1171 - (HYOSCINE : 10 MG) TABLETS,6076-482003-0392 - (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED 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 :

Signature :

Date : 20-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 : 20-Dec-2023