

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : PUTRI DEWI ANJARSARI

Card No : I017-029-117418926-02

Policy Holder : PUTRI DEWI ANJARSARI

Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-
ADNIC

TPA : E CARE - Green Network

Validity : 01-10-2023 To 30-09-2024

Gender : Female

Date Of Birth : 15-May-1999

Patient's Tel No : 0509328875

Service Date : 23-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 : bloating, all muscular pain, FEVER WITH CHILLS, Fever chills, diarrhea, vomiting, pain around umbilicus and also pain in area of stomach

Duration:

Vitals: Temp : 36.7 Bp : 100 Pulse : 78 Resp : 24

Clinical Findings:

Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified, R14.0 - Abdominal distension (gaseous), R50.9 - Fever, unspecified, R52 - Pain, unspecified, R11.10 - Vomiting, unspecified,

Date of Onset : 23/58/2023

Requested Investigations: 0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION, 0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION, 0005-150403-1021, PREMOSAN - (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION, 2190-106618-1001, PARAFUSIV, 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIRNTL WBC COUNT, 86140, C REACTIVE PROTEIN, 85652, SEDIMENTATION RATE RBC AUTOMATED, 87070, CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL, 96374, THER/PROPH/DIAG INJ IV PUSH, 96365, THER/PROPH/DIAG IV INF INIT, 0005-136504-1021, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION, 96360, HYDRATION IV INFUSION INIT, 96365, THER/PROPH/DIAG IV INF INIT, 9, Consultation GP

Estimated :
Cost

Prescriptions: 0102-230603-0831 - (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION, 0097-627602-1171 - (ONDANSETRON (AS HCL) : 8 MG) TABLETS, 5278-168201-1171 - (DOMPERIDONE : 10 MG) TABLETS, 0202-136501-1171 - (HYOSCINE : 10 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 :

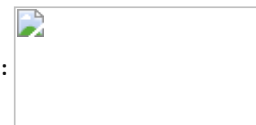
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature (Parent : if minor)



23-Dec-2023

Signature :

Date : 23-Dec-2023