Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: PUTRI DEWI ANJARSARI**	**Service Date**	**:23-Dec-2023**	**Network**	**:** Green
Card No	**: I017-029-117418926-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: PUTRI DEWI ANJARSARI**	**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	**: 15-May-1999**				
Patient's Tel No	**: 0509328875**				

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 : bloating, all muscular pain, FEVER WITH CHILLS, Fever chills, diarrhea, vometing, pain arround umblus 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 DIFRNTL 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 :**

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 :** 23-Dec-2023

Signature :  **Date** : 23-Dec-2023