

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MOHAMED BELAL
: ABDELAZIZ MAHMOUD
SAAD

Card No : I040-029-118737797-01

Policy Holder : MOHAMED BELAL
: ABDELAZIZ MAHMOUD
SAAD

Payer Name : UNION INSURANCE
: COMPANY

TPA : E CARE - Blue Network

Validity : 02-01-2023 To 01-01-2024

Gender : Male

Date Of Birth : 12-Nov-1995

Patient's Tel No : 0588943992

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 : FEVER WITH CHILLS, pain in nasopharynx, pain in throat with enlarged and exudative tonsillitis **Duration:**

Vitals:Temp : 36.5 Bp :114 Pulse :98 Resp :22

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,R50.9 - Fever, unspecified,R07.0 - Pain in throat,R53.1 - Weakness,R52 - Pain, unspecified,

Date of Onset : 23/41/2023

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,85007, BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,0102-111908-1001, SODIUM CHLORIDE B.P.- (SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,0195-107704-0802, CEFTRIAXONE-TABUK IM-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,0005-149902-1021, CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP

Estimated : Cost

Prescriptions: 5465-940701-1171 - (ASCORBIC ACID (VITAMIN C) : 500 MG) (ZINC : 15 MG) (VITAMIN D3 (CHOLECALCIFEROL) : 400 IU) (MAGNESIUM : 20 MG) (ECHINACEA : 162.5 MG) (ELDERBERRY : 162.5 MG) TABLETS,0788-106705-1171 - (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS,0005-116801-2481 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE),0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 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 :

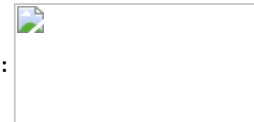
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : Dec-2023

Signature :

Date : 23-Dec-2023