Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **SENALI SANCHALA WALALLAGODA KANKANIGE**	**Service Date**	**:23-Dec-2023**	**Network**	: Green
Card No	: **I017-029-117199560-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **SENALI SANCHALA WALALLAGODA KANKANIGE**	**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-Feb-1999**				
Patient's Tel No	: **0529362580**				

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 : pain in nasopharynx, all muscular pain, vometing, fever and shake, FEVER WITH CHILLS, pain in throat with enlarged and exodative tonsilitis **Duration:**

Vitals: Temp : 36.9 Bp :84 Pulse :106 Resp :22

Clinical Findings:

Diagnosis: R53.1 - Weakness,R50.81 - Fever presenting with conditions classified elsewhere,R11.10 - Vomiting, unspecified,R52 - Pain, unspecified,R06.00 - Dyspnea, unspecified, **Date of Onset** :23/01/2023

Requested Investigations: 0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,0195-107704-0802, CEFTRIAXONE-TABUK IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,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,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,96360, HYDRATION IV INFUSION INIT,96365, THER/PROPH/DIAG IV INF INIT,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,85652, SEDIMENTATION RATE RBC AUTOMATED,86140, C REACTIVE PROTEIN,82565, CREATININE BLOOD,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,96374, THER/PROPH/DIAG INJ IV PUSH,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT,94640, AIRWAY INHALATION TREATMENT,96365, THER/PROPH/DIAG IV INF INIT **Estimated Cost :**

Prescriptions: 1307-127402-1451 - (AZITHROMYCIN : 250 MG) CAPSULES (HARD GELATIN),0788-106705-1171 - (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS,1144-253101-1162 - (HEDERA HELIX (IVY) : 7MG/ML) SYRUP,0195-168201-0391 - (DOMPERIDONE : 10 MG) FILM COATED TABLETS,4884-627602-2901 - (ONDANSETRON (AS HCL) : 8 MG) ORODISPERSIBLE TABLET, **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