

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SENALI SANCHALA
WALALLAGODA KANKANIGE
Card No : I017-029-117199560-02
Policy Holder : SENALI SANCHALA
WALALLAGODA KANKANIGE
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-Feb-1999
Patient's Tel No : 0529362580

Service Date : 23-Dec-2023
Health Provider : Irham Medical Center Arjan
Doctor's Name : Sajid Sanaullah
Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Network : Green
Direct Access SP - YES
Remarks :

☐ Acute
 ☐ Pre-existing and chronic
 ☐ Maternity

Chief Complaints : pain in nasopharynx, all muscular pain, vomiting, fever and shake, FEVER
 WITH CHILLS, pain in throat with enlarged and exudative tonsilitis

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, Date of Onset : 23/01/2023
 unspecified, R52 - Pain, unspecified, R06.00 - Dyspnea, unspecified,

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 :

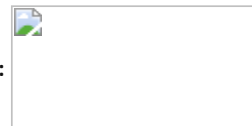
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature {Parent : if minor}



Date : Dec-2023

Signature :

A handwritten signature in blue ink, consisting of a large loop at the top and a series of connected strokes below, ending in a vertical line.

Date : 23-Dec-2023