

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : INDIKA PRASAD
Card No : RANASINGHA PERAKOTUWE WEDARALLAGE
Policy Holder : I017-029-116122251-02
Payer Name : INDIKA PRASAD
TPA : RANASINGHA PERAKOTUWE WEDARALLAGE
Validity : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
Gender : E CARE - Green Network
Date Of Birth : 01-10-2023 To 30-09-2024
Patient's Tel No : 01-10-2023 To 30-09-2024
Male
01-Jan-1983
524933547

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 : ACUTE SINUSITIS, dry and wet cough, all muscular pain, HEADACHE IN FRONT OF THE HEAD AFTER VIRAL INFECTION, FEVER WITH CHILLS
Duration:

Vitals: Temp : 36.8 Bp :119 Pulse :87 Resp :22

Clinical Findings:

Diagnosis: R50.81 - Fever presenting with conditions classified elsewhere,M79.10 - Myalgia, unspecified site,R05 - Cough,R07.0 - Pain in throat, **Date of Onset** :23/32/2023

Requested Investigations: 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,0195-107704-0802, CEFTRIAXONE-TABUK IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIRNTL WBC COUNT,84545, UREA NITROGEN CLEARANCE,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT

Prescriptions: 0046-123701-0392 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,2027-560101-0391 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,1144-253101-1162 - (HEDERA HELIX (IVY) : 7MG/ML) SYRUP,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 :

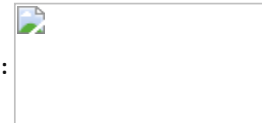
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : 23-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