Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: MOHAMMAD ELAMEEN**	**Service Date**	**:25-Dec-2023**
Card No	**: I017-029-119440941-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	**: MOHAMMAD ELAMEEN**	**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	**: Male**		
Date Of Birth	**: 10-Jan-1990**		
Patient's Tel No	**: 0545856201**		

Network : Green

Direct Access SP - YES

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 : dry and wet cough, pain in throat with enlarged and exodative tonsilitis, hosrseness, FEVER WITH CHILLS, c/o Back pain 10/10, mostly lower back , no urinary or fecal incontinence, no radiation, difficulty walking , no anesthesia , made worse with walking or any activity, improves with rest. Pt, complaints of generalized fatigue since past few months with weight gain and obesity. He also has high BP and chest pain on few times a week.

Duration:

Vitals: Temp : 36.9 Bp :110 Pulse :72 Resp :20

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,R49.0 - Dysphonia,R05 - Cough,R07.0 - Pain in throat,J03.90 - Acute tonsillitis, unspecified,

Date of Onset :25/24/2023

Requested Investigations: 9, Consultation GP,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,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0195-107704-0802, CEFTRIAXONE-TABUK IM,96365, THER/PROPH/DIAG IV INF INIT,96360, HYDRATION IV INFUSION INIT,96372, THER/PROPH/DIAG INJ SC/IM,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,85652, SEDIMENTATION RATE RBC AUTOMATED

Estimated Cost :

Prescriptions: 1307-127402-1451 - (AZITHROMYCIN : 250 MG) CAPSULES (HARD GELATIN),1144-253101-1162 - (HEDERA HELIX (IVY) : 7MG/ML) SYRUP,0046-123701-0392 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0015-101502-0271 - (ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS,0003-170502-1161 - (CARBINOXAMINE : 1 MG/5ML) (AMMONIUM CHLORIDE : 50 MG/5ML) (MENTHOL : 0.125 MG/5 ML) (EPHEDRINE : 1.8 MG/5 ML) SYRUP,

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 : 25-Dec-2023

Signature :  **Date :** 25-Dec-2023