

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : YASER KAMAR MOHAMED ELAWADY SALHA
Card No : I017-029-115434043-02
Policy Holder : YASER KAMAR MOHAMED ELAWADY SALHA
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Male
Date Of Birth : 05-Sep-1980
Patient's Tel No : 0502569913

Service Date : 25-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 : all muscular pain, HEADACHE IN FRONT OF THE HEAD AFTER VIRAL INFECTION, FEVER WITH CHILLS, pain in throat with enlarged and exodative tonsillitis
Duration:

Vitals:Temp : 37.2 Bp :118 Pulse :94 Resp :22

Clinical Findings:

Diagnosis: J03.00 - Acute streptococcal tonsillitis, unspecified,R50.81 - Fever presenting with conditions classified elsewhere,R51.9 - Headache, unspecified,R07.0 - Pain in throat,R53.1 - Weakness,J30.9 - Allergic rhinitis, unspecified,
Date of Onset : 25/53/2023

Requested Investigations: 9, Consultation GP,0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96360, HYDRATION IV INFUSION INIT,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV PUSH
Estimated : Cost

Prescriptions: 0005-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,1144-253101-1162 - (HEDERA HELIX (IVY) : 7MG/ML) SYRUP,0788-106705-1171 - (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS,1307-127402-1451 - (AZITHROMYCIN : 250 MG) CAPSULES (HARD GELATIN),
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 :

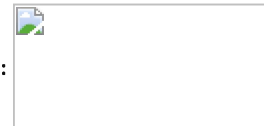
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient 's signature{Parent : if minor}



Date : Dec-2023

Signature :

Date : 25-Dec-2023