Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **YASER KAMAR MOHAMED ELAWADY SALHA**	**Service Date**	**:25-Dec-2023**	**Network**	: Green
Card No	: **I017-029-115434043-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **YASER KAMAR MOHAMED ELAWADY SALHA**	**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	: **05-Sep-1980**				
Patient's Tel No	: **0502569913**				

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 : all muscular pain, HEADACHE IN FRONT OF THE HEAD AFTER VIRAL INFECTION, FEVER WITH CHILLS, pain in throat with enlarged and exodative tonsilitis **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 :**

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 :** 25-Dec-2023

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