Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: AIPERI NURADILOVA**	**Service Date**	**:26-Dec-2023**	**Network**	**:** Green
Card No	**: I017-029-119448945-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: AIPERI NURADILOVA**	**Doctor's Name**	**:Sajid Sanaullah**		
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	**: E CARE - Blue Network**	**Remarks**	:		
Validity	**: 01-10-2023** To **30-09-2024**				
Gender	**: Female**				
Date Of Birth	**: 13-Nov-1991**				
Patient's Tel No	**: 0503569374**				

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 : HEADACHE IN FRONT OF THE HEAD AFTER VIRAL INFECTION, ear pain **Duration :**

Vitals: Temp : 36.9 Bp :94 Pulse :80 Resp :22

Clinical Findings:

Diagnosis: H66.91 - Otitis media, unspecified, right ear,H92.09 - Otalgia, unspecified ear,R51.9 - Headache, unspecified, **Date of Onset** :26/37/2023

Requested Investigations: 0248-122107-1021, DEXAMETHASONE SODIUM PHOSPHATE,0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,0102-111908-1001, SODIUM CHLORIDE B.P.-(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,85652, SEDIMENTATION RATE RBC AUTOMATED,86140, C REACTIVE PROTEIN,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,96365, THER/PROPH/DIAG IV INF INIT,96360, HYDRATION IV INFUSION INIT,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost :**

Prescriptions: 3867-119805-1171 - (PREDNISOLONE : 5 MG) TABLETS,0205-147701-0391 - (CETIRIZINE : 5 MG) (PSEUDOEPHEDRINE : 120 MG) FILM COATED TABLETS,2027-560101-0391 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 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 :**

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 :** 26-Dec-2023

Signature :  **Date** : 26-Dec-2023