Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: ARIJ BEN ZINEB**
Card No	**: I017-029-119290084-01**
Policy Holder	**: ARIJ BEN ZINEB**
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**
TPA	**: E CARE - Blue Network**
Validity	**: 01-01-1900** To **11-04-2024**
Gender	**: Female**
Date Of Birth	**: 14-Nov-1994**
Patient's Tel No	**: 971581248311**

Service Date **:26-Dec-2023** **Network** **:** Green

Health Provider **:Irham Medical Center Arjan** **Direct Access SP - YES**

Doctor's Name **:Sajid Sanaullah**

Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks :

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : esophagial reflux, gastritis, gastric pain, dry and wet cough **Duration :**

Vitals: Temp : 36.9 Bp :107 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: K21.9 - Gastro-esophageal reflux disease without esophagitis,K29.70 - Gastritis, unspecified, without bleeding,K30 - Functional dyspepsia,R05 - Cough,J01.91 - Acute recurrent sinusitis, unspecified,G47.9 - Sleep disorder, unspecified, **Date of Onset** **:**26/04/2023

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,87338, IAAD EIA HPYLORI STOOL,86677, ANTIBODY HELICOBACTER PYLORI,9, Consultation GP **Estimated Cost** **:**

Prescriptions: 1505-345306-0061 - (MELATONIN : 5 MG) CAPSULES,0195-183202-0391 - (FEXOFENADINE HCL : 180 MG) FILM COATED TABLETS,0430-161101-1172 - (BISMUTH SUBCITRATE : 120 MG) TABLETS,0097-397801-0392 - (DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS,0155-132303-1451 - (MEBEVERINE : 200 MG) CAPSULES (HARD GELATIN),4884-632002-1751 - (PANTOPRAZOLE (AS SODIUM SESQUIHYDRATE) : 40 MG) GASTRO-RESISTANT 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