Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: HASRAT MUSTAFA MULLAJI MUSTAFA UMER MULLAJI**	**Service Date**	**:26-Dec-2023**	**Network**	**:** Green
Card No	**: I040-029-119070553-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: HASRAT MUSTAFA MULLAJI MUSTAFA UMER MULLAJI**	**Doctor's Name**	**:Sajid Sanaullah**		
Payer Name	**: UNION INSURANCE COMPANY**	**Co-Insurance**	:		
TPA	**: E CARE - Blue Network**	**Remarks**	**:**		
Validity	**: 01-01-1900** To **01-01-2024**				
Gender	**: Male**				
Date Of Birth	**: 16-Aug-1993**				
Patient's Tel No	**: 971563093585**				

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 : weakness after viral infection, pain in nasopharynx, all muscular pain, FEVER **Duration:** WITH CHILLS

Vitals: Temp : 37 Bp :120 Pulse :82 Resp :0

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,R05 - Cough,R07.0 - Pain in throat,J03.90 - Acute tonsillitis, unspecified,M79.18 - Myalgia, other site, **Date of Onset** **:**26/10/2023

Requested Investigations: 0102-111908-1001, SODIUM CHLORIDE B.P.-(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,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,0195-107704-0802, CEFTRIAXONE-TABUK IM-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0006-124513-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION,94640, AIRWAY INHALATION TREATMENT,96360, HYDRATION IV INFUSION INIT,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV PUSH,85652, SEDIMENTATION RATE RBC AUTOMATED,86140, C REACTIVE PROTEIN,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM **Estimated : Cost**

Prescriptions: 0005-114501-2481 - (AMBROXOL : 15 MG/5ML) SYRUP (SUGAR FREE),0046-123701-0392 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,1144-253101-1162 - (HEDERA HELIX (IVY) : 7MG/ML) SYRUP,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 : 26-Dec-2023

Signature :

Date : 26-Dec-2023