Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: OSHAN LAHIRU KUMARAGE**	**Service Date**	**:27-Dec-2023**	**Network**	**:** Green
Card No	**: I017-029-119171361-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: OSHAN LAHIRU KUMARAGE**	**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	**: 29-Nov-1993**				
Patient's Tel No	**: 0588206259**				

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 : ACUTE SINUSITIS, nausa, all muscular pain, pain in nasopharynx, dry and wet cough **Duration:**

Vitals: Temp : 36.6 Bp :130 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: J01.90 - Acute sinusitis, unspecified,J30.9 - Allergic rhinitis, unspecified,R09.81 - Nasal congestion, **Date of Onset :**27/50/2023

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,85652, SEDIMENTATION RATE RBC AUTOMATED,86141, C TO REACTIVE PROTEIN HIGH SENSITIVITY,9, Consultation GP,0195-107704-0802, CEFTRIAXONE-TABUK IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,96372, THER/PROPH/DIAG INJ SC/IM,96360, HYDRATION IV INFUSION INIT,0102-111908-1001, SODIUM CHLORIDE B.P.-(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,2190-106618-1001, PARAFUSIV,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT **Estimated Cost :**

Prescriptions: 0138-127402-1451 - (AZITHROMYCIN : 250 MG) CAPSULES (HARD GELATIN),0205-147701-0391 - (CETIRIZINE : 5 MG) (PSEUDOEPHEDRINE : 120 MG) FILM COATED TABLETS,0015-101502-0271 - (ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS,1144-253101-1162 - (HEDERA HELIX (IVY) : 7MG/ML) SYRUP, **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 :** 27-Dec-2023

Signature :  **Date** : 27-Dec-2023