

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** :

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

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

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : ACUTE SINUSITIS, nausea, all muscular pain, pain in nasopharynx, dry and wet cough

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 **Estimated** :
 COUNT, 94640, AIRWAY INHALATION TREATMENT, 0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 **Cost**
 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

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 :

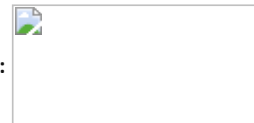
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature (Parent : if minor)



Date : Dec-27-2023

Signature :

Date : 27-Dec-2023