Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **SMARIKA THAPA HARI KUMAR THAPA CHHETRI**	**Service Date:**	**28-Dec-2023**
Card No	: **I040-029-118791094-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **SMARIKA THAPA HARI KUMAR THAPA CHHETRI**	**Doctor's Name**	**:Sajid Sanaullah**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **02-01-2023** To **01-01-2024**		
Gender	: **Female**		
Date Of Birth	: **19-Oct-1992**		
Patient's Tel No	: **0552049819**		

Network : Green

Direct Access SP - YES

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 : post nasal discharge, dry and wet cough, pain in nasopharynx, HEADACHE IN **Duration:** FRONT OF THE HEAD AFTER VIRAL INFECTION, FEVER WITH CHILLS

Vitals: Temp : 37.2 Bp :114 Pulse :98 Resp :22

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,R07.0 - Pain in throat,R05 - Cough,R09.81 - Nasal congestion,M79.10 - Myalgia, unspecified site,R11.0 - Nausea, **Date of Onset** :28/07/2023

Requested Investigations: 0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION 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,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86141, C TO REACTIVE PROTEIN HIGH SENSITIVITY,85651, SEDIMENTATION RATE RBC NON AUTOMATED,0102-111908-1001, SODIUM CHLORIDE B.P.-(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,96360, HYDRATION IV INFUSION INIT,96365, THER/PROPH/DIAG IV INF INIT,94640, AIRWAY INHALATION TREATMENT,9, Consultation GP **Estimated Cost :**

Prescriptions: 2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0205-147701-0391 - (CETIRIZINE : 5 MG) (PSEUDOEPHEDRINE : 120 MG) FILM COATED **Estimated Cost :**

TABLETS,0005-114502-1171 - (AMBROXOL : 30 MG) TABLETS,1144-253101-1162 - (HEDERA HELIX (IVY) : 7MG/ML) SYRUP,0195-127402-1451 - (AZITHROMYCIN : 250 MG) CAPSULES (HARD GELATIN),

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.

Dr's Name : Sajid Sanaullah

Stamp :

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature :

Date : 28-Dec-2023

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.

Patient 's signature{Parent : if minor}

Date : 28-Dec-2023