Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: NARESH GENDA LAL**
Card No	**: I035-029-118743875-01**
Policy Holder	**: NARESH GENDA LAL**
Payer Name	**: SALAMA – Islamic Arab Insurance Company**
TPA	**: E CARE - Blue Network**
Validity	**: 23-11-2023** To **22-11-2024**
Gender	**: Male**
Date Of Birth	**: 03-Aug-1993**
Patient's Tel No	**: 0569644103**

Service Date :04-Jan-2024 **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 : acute bronchitis, pain in nasopharynx, FEVER WITH CHILLS, ACUTE SINUSITIS,**Duration:** all muscular pain, dry and wet cough

Vitals: Temp : 36.8 Bp :120 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: J20.9 - Acute bronchitis, unspecified,J02.9 - Acute pharyngitis, unspecified,J01.90 - Acute sinusitis, unspecified,M79.18 - Myalgia, other site,R50.9 - Fever, unspecified,

Date of Onset :04/00/2024

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK 1 GM IV,0102-111908-1001, SODIUM CHLORIDE B.P.,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,96360, HYDRATION IV INFUSION INIT,96372, THER/PROPH/DIAG INJ SC/IM,94640, AIRWAY INHALATION TREATMENT,0006-124513-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,9, Consultation GP

Estimated Cost :

Prescriptions: 1144-253101-1162 - (HEDERA HELIX (IVY) : 7MG/ML) SYRUP,0015-101502-0271 - (ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS,0788-106705-1171 - (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS,0355-123701-0392 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0009-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED 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 : 04-Jan-2024

Signature :

Date : 04-Jan-2024