Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: MOHAMED SAFNI**	**Service Date**	**:16-Jan-2024**	**Network**	**:** Green
Card No	**: I017-029-120076119-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: MOHAMED SAFNI**	**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**
Validity	**: 13-11-2023** To **30-09-2024**
Gender	**: Male**
Date Of Birth	**: 01-Nov-2000**
Patient's Tel No	**: 0565727014**
Remarks	**:**

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : c/o pain and discharge in right ear since 1 day pain is severe and not relieved by oral pain killer not associated with fever on examination patient has discharge in right ear,because of discharge middle ear view was not clear on otoscope examination **Duration:**

Vitals: Temp : 36.8 Bp :125 Pulse :75 Resp :22

Clinical Findings:

Diagnosis: H66.017 - Ac suppr otitis media w spon rupt ear drum, recur, unsp ear,H92.02 - Otalgia, left ear,H66.92 - Otitis media, unspecified, left ear, **Date of Onset** :16/25/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0195-107704-0802, CEFTRIAXONE-TABUK IM-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,9, Consultation GP **Estimated Cost :**

Prescriptions: 0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0005-252201-0391 - (CAFFEINE : 65 MG) (IBUPROFEN : 400 MG) FILM COATED TABLETS,0207-632002-1751 - (PANTOPRAZOLE (AS SODIUM SESQUIHYDRATE) : 40 MG) GASTRO-RESISTANT TABLETS,0097-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 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 : 16-Jan-2024

Signature :

Date : 16-Jan-2024