Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: ALEXANDRA MANKO**
Card No	**: I035-029-116556465-01**
Policy Holder	**: ALEXANDRA MANKO**
Payer Name	**: SALAMA – Islamic Arab Insurance Company**
TPA	**: E CARE - Green Network**
Validity	**: 01-01-1900** To **20-12-2024**
Gender	**: Female**
Date Of Birth	**: 05-Feb-1991**
Patient's Tel No	**: 529790034**

Service Date :17-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 : C/O COUGH ,FEVER,RUNNY NOSE ,BODY PAIN AND THROAT PAIN SINCE 2 DAYS ON EXAMINATION PATIENT HAS HYPREMIC THROAT WITH MILDLY INFLAMMED TONSILLS, ON CHEST EXAMINATION ,MODERATE CONGESTION BUT NO WHEEZING **Duration:**

Vitals: Temp : 38.7 Bp :122 Pulse :110 Resp :22

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,R09.89 - Oth symptoms and signs involving the circ and resp systems,R52 - Pain, unspecified, **Date of Onset** :17/51/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,0195-107704-0802, CEFTRIAXONE-TABUK IM-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,9, Consultation GP **Estimated Cost :**

Prescriptions: 0096-106304-0271 - (ASCORBIC ACID (VITAMIN C) : 1 G) EFFERVESCENT TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,1401-395404-0391 - (MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS,0005-119805-1173 - (PREDNISOLONE : 5 MG) TABLETS,0006-106601-0393 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) 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 :

Patient 's signature{Parent : if minor}

Date : 17-Jan-2024

Signature :

Date : 17-Jan-2024