Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **VISHAL KUMAR CHAUDHARY**	**Service Date**	:**17-Jan-2024**
Card No	: **I011-029-119736610-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **VISHAL KUMAR CHAUDHARY**	**Doctor's Name**	:**Sajid Sanaullah**
Payer Name	: **AL SAGR NATIONAL INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **19-06-2023** To **18-06-2024**		
Gender	: **Male**		
Date Of Birth	: **06-Aug-1993**		
Patient's Tel No	: **0523004789**		

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 : c/o of weakness, fever and bodyaches since 2 days , not associated with cough complains of cold and sweating on and off history of smoking since 6 years no known diabetes,hypertension or heart disease loss of taste since 1 day on examination patient has chest congestion otherwise no breathing difficulty

Duration:

Vitals: Temp : 36.8 Bp :125 Pulse :78 Resp :22

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R53.1 - Weakness,R09.89 - Oth symptoms and signs involving the circ and resp systems,

Date of Onset :17/31/2024

Requested Investigations: 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,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,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,9, Consultation GP

Estimated Cost :

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0006-106601-0392 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,1233-402701-1171 - (PANTOTHENIC ACID (VITAMIN B5) : 6 MG) (PHOSPHORUS : 125 MG) (CHOLECALCIFEROL : 400 IU) (RIBOFLAVINE (VITAMIN B2) : 1.6 MG) (BIOTIN : 100 MCG) (FOLIC ACID : 195 MCG) (THIAMINE (VITAMIN B1) : 1.4 MG) (PHYTONADIONE (VITAMIN K1) : 30 MCG) (PYRIDOXINE (VITAMIN B6) : 2 MG) (ASCORBIC ACID (VITAMIN C) : 60 MG) (VITAMIN A : 4000 IU) (VITAMIN E : 14.9 IU) (LUTEIN : 1000 MCG) (MOLYBDENUM : 50 MCG) (IRON (FERROUS FUMARATE) : 10 MG) (NIACINAMIDE : 18 MG) (VITAMIN B12 : 1 MCG) (SELENIUM (AS SODIUM SELENATE),1401-395404-0391 - (MONTELUKAST (AS SODIUM) : 10 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 :

Patient 's signature{Parent : if minor}

Date : 17-Jan-2024

Signature :

Date : 17-Jan-2024