Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: MOSARROF HOSSAIN KHORSED ALAM**
Card No	**: I005-029-117606057-02**
Policy Holder	**: MOSARROF HOSSAIN KHORSED ALAM**
Payer Name	**: DUBAI INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 27-02-2023** To **26-02-2024**
Gender	**: Male**
Date Of Birth	**: 01-Jul-1986**
Patient's Tel No	**: 0559592769**

Service Date :17-Jan-2024 **Network** : Green

Health Provider **:Irham Medical Center Arjan** **Direct Access SP - YES**

Doctor's Name **:Enomen Goodluck**

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: Fever since 10days, flu symptoms and cough. Has taken Panadol, cetirizine, had a transient relief but symptoms represented since the past 2 days, Had blood in nostrils while blowing nose, Had nasal congestion with difficulty breathing. Known hypertensive on Lorsatan 40mg daily **Duration:**

Vitals: Temp : 36.7 Bp :132 Pulse :92 Resp :22

Clinical Findings:

Diagnosis: J22 - Unspecified acute lower respiratory infection,J20.9 - Acute bronchitis, unspecified,J02.8 - Acute pharyngitis due to other specified organisms,J00 - Acute nasopharyngitis [common cold],R06.7 - Sneezing,R50.81 - Fever presenting with conditions classified elsewhere, **Date of Onset** :18/01/2024

Requested Investigations: 9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN ,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,94640, AIRWAY INHALATION TREATMENT,0006-124513-2071, VENTOLIN NEBULES,0188-135906-2441, PULMICORT **Estimated Cost :**

Prescriptions: 0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,0195-183201-0391 - (FEXOFENADINE HCL : 120 MG) FILM COATED TABLETS,0696-107902-0392 - (IBUPROFEN : 400 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,5253-649501-3851 - (MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY, **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.

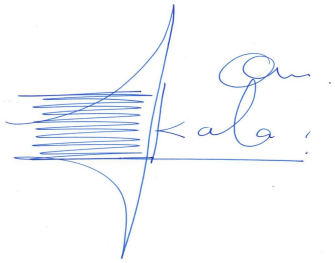
PATIENT'S DECLARATION :

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 : Enomen Goodluck **Stamp :**

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date :** 18-Jan-2024

Signature :  **Date** : 18-Jan-2024