Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **DOHA MOHAMED MOHAMED FARID WAGDI**	**Service Date**	:**18-Jan-2024**
Card No	: **I011-029-119265996-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **DOHA MOHAMED MOHAMED FARID WAGDI**	**Doctor's Name**	:**Sajid Sanaullah**
Payer Name	: **AL SAGR NATIONAL INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **05-04-2023** To **04-04-2024**		
Gender	: **Female**		
Date Of Birth	: **20-Sep-1984**		
Patient's Tel No	: **0503566621**		

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 SEVERE HEADACHES AND SEVERE DIFFICULTY IS BREATHING SINCE 3 YEARS AFTER SHE GAVE BIRTH AND NOT RELIEVED BY INHALERS FAMILY HISTORY OF COPD AND ASTHMA AND HER MOTHER DIED OF COPD COMPLAINS OF WEAKNESS AND LETHARGY
complains of recent weight gain **Duration:**

Vitals:

Clinical Findings:

Diagnosis: R06.02 - Shortness of breath,E55.9 - Vitamin D deficiency, unspecified,E03.9 - Hypothyroidism, unspecified,R20.2 - Paresthesia of skin,R51.9 - Headache, unspecified, **Date of Onset** :18/32/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,85652, SEDIMENTATION RATE RBC AUTOMATED,82306, 25 HYDROXY INCLUDES FRACTIONS IF PERFORMED,82746, FOLIC ACID SERUM,84443, THYROID STIMULATING HORMONE TSH,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,94640, AIRWAY INHALATION TREATMENT,9, Consultation GP **Estimated Cost :**

Prescriptions: 2552-624301-3591 - (AZELASTINE HCL : 1 MG / 1 ML) (FLUTICASONE PROPIONATE : 0.365 MG / ML) SUSPENSION FOR NASAL SPRAY,0005-252201-0391 - (CAFFEINE : 65 MG) (IBUPROFEN : 400 MG) FILM COATED TABLETS,0006-106601-0391 - (PARACETAMOL : 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 :

Patient 's signature{Parent : if minor}

Date : 18-Jan-2024

Signature :

Date : 18-Jan-2024