

Administrative

Patient Name :
ajij illyas

Card No :
I005-029-119206280-01

Policy Holder :
ajij illyas

Payer Name :
DUBAI INSURANCE COMPANY

TPA :
E CARE - Blue Network

Validity :
26-07-2023 To 25-07-2024

Gender :
Male

Date Of Birth :
05-Aug-1978

Patient's Tel No :
0528896952

MEDICAL CLAIM FORM

Service Date :
18-Jan-2024

Health Provider :
Irham Medical Center Arjan

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 :

Claim Ref:

Network :
Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints :
C/O FEVER,SORE THROAT AND RUNNY NOSE ALSO COMPLAINS OF BODYACHE SICE 2 DAYS ON EXAMINATION PATIENT HAS HYPREMIC THROAT AND CHEST CONGESTION

Duration:

Vitals:Temp : 37.3 Bp :130 Pulse :92 Resp :22

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,R52 - Pain, unspecified,J06.9 - Acute upper respiratory infection, unspecified,J02.9 - Acute pharyngitis, unspecified,

Date of Onset :
18/18/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,0195-107704-0801, CEFTRIAXONE-TABUK 1 GM IV,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,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH

Estimated :
Cost

Prescriptions: 1351-106305-0271 - (ASCORBIC ACID (VITAMIN C) : 1000 MG) EFFERVESCENT TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0005-119805-1171 - (PREDNISOLONE : 5 MG) TABLETS,0006-106601-0394 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0097-127405-0392 - (AZITHROMYCIN : 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 :

Dr. Sajid Sanaullah Khan

General Practitioner

DHA No: 05758224-001

PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :

Date :
18-Jan-2024

Patient 's signature{Parent : if minor}



18-
Date : Jan-
2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=45449&patld=52299

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