Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: MUBASHIRA USSABRAHIM**
Card No	**: I022-029-120325441-01**
Policy Holder	**: MUBASHIRA USSABRAHIM**
Payer Name	**: TAKAFUL EMARAT**
TPA	**: E CARE - Green Network**
Validity	**: 14-01-2024** To **13-01-2025**
Gender	**: Female**
Date Of Birth	**: 12-Oct-2001**
Patient's Tel No	**: 0526916526**

Service Date **:20-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 : co cold cough headache running nose fever pain in throat dry cough oe chest **Duration:**
is congested erthymatous tonsills looking ill vitaly stable

Vitals: Temp : 36.7 Bp :105 Pulse :78 Resp :22

Clinical Findings:

Diagnosis: R05 - Cough,R52 - Pain, unspecified,J01.90 - Acute sinusitis, unspecified,R50.9 - Fever, unspecified,J06.9 - Acute upper respiratory infection, unspecified, **Date of Onset** :20/25/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0724-107002-1171 - (CAFFEINE : 60 MG) (PARACETAMOL : 500 MG) TABLETS,0097-393801-2471 - (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE),7020-992601-1171 - (VITAMIN D (AS CHOLECALCIFEROL) : 5 MCG) (CHROMIUM : 25 MCG) (VITAMIN A (AS BETA CAROTENE) : 1200 MCG) (VITAMIN E : 4.5 MG) (BIOTIN : 30 MCG) (VITAMIN C (ASCORBIC ACID) : 45 MG) (RIBOFLAVIN : 1 MG) (MANGANESE : 1.8 MG) (VITAMIN B6 : 1.3 MG) (NIACINAMIDE : 14 MG) (SELENIUM : 20 MCG) (FOLIC ACID : 240 MCG) (MAGNESIUM : 100 MG) (IRON : 10 MG) (VITAMIN B12 : 2.4 MCG) (CALCIUM : 320 MG) (PANTOTHENIC ACID : 5 MG) (THIAMINE : 1 MG) (COPPER : 0.45 MG) (ZINC : 7 MG) (IODINE : 33 MCG) (VITAMIN K1 : 25 MC,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 : 20-Jan-2024

Signature :

Date : 20-Jan-2024