Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **NARESH GAJJI HANUMANTHU GAJJI**	**Service Date**	**:22-Jan-2024**	**Network**	: Green
Card No	: **I035-029-115704914-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **NARESH GAJJI HANUMANTHU GAJJI**	**Doctor's Name**	**:Enomen Goodluck**		
Payer Name	: **SALAMA – Islamic Arab Insurance Company**	**Co-Insurance**	:		
TPA	: **E CARE - Blue Network**				
Validity	: **01-01-1900** To **06-08-2024**	**Remarks**	:		
Gender	: **Male**				
Date Of Birth	: **01-Jan-2000**				
Patient's Tel No	: **582188520**				

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: Generalized body pains, fever since 2 days, Also pain in throat. **Duration :**

Vitals: Temp : 37.2 Bp :126 Pulse :93 Resp :20

Clinical Findings:

Diagnosis: J02.8 - Acute pharyngitis due to other specified organisms,J20.9 - Acute bronchitis, unspecified,R50.81 - Fever presenting with conditions classified elsewhere, **Date of Onset** :22/28/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,96374, THER/PROPH/DIAG INJ IV PUSH,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN ,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM **Estimated Cost :**

Prescriptions: 0005-116801-2481 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE),2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0097-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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 : 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 :** 22-Jan-2024

Signature : **Date** : 22-Jan-2024