Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: NIDHINDAS RAMDAS PACHA PACHA**
Card No	**: I022-029-114595118-01**
Policy Holder	**: NIDHINDAS RAMDAS PACHA PACHA**
Payer Name	**: TAKAFUL EMARAT**
TPA	**: E CARE - Green Network**
Validity	**: 26-03-2023** To **25-03-2024**
Gender	**: Male**
Date Of Birth	**: 04-Jan-1992**
Patient's Tel No	**: 0522650670**

Service Date :**30-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 : C/o: Fever since 26/01/2024, associated pain in throat, cough especially in the mornings, productive of greenish yellow colour. Also burning eyes. **Duration:**

Vitals: Temp : 36.4 Bp :130 Pulse :92 Resp :18

Clinical Findings:

Diagnosis: J30.9 - Allergic rhinitis, unspecified,H10.45 - Other chronic allergic conjunctivitis,J02.8 - Acute pharyngitis due to other specified organisms, **Date of Onset** :30/14/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0031-132001-0151 - (BETAMETHASONE : 0.05%) (GENTAMICIN : 0.10%) (MICONAZOLE : 2%) CREAM,0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0696-148701-1172 - (LORATADINE : 10 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 : 30-Jan-2024

Signature :

Date : 30-Jan-2024