Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **ZEESHAN AHMAD AZIZ AHMAD**	**Service Date**	:**04-Feb-2024**
Card No	: **I011-029-119743227-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **ZEESHAN AHMAD AZIZ AHMAD**	**Doctor's Name**	:**Sajid Sanaullah**
Payer Name	: **AL SAGR NATIONAL INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **19-06-2023** To **18-06-2024**		
Gender	: **Male**		
Date Of Birth	: **07-Jan-1990**		
Patient's Tel No	: **0561427224**		

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: Painful swelling on the left axilla. Has recurrent history of same. He morbidly obesse with a BMI of 42.1 Counselled on the need for weight loss. For RBS now. **Duration:**

Vitals: Temp : 36.8 Bp :130 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: L08.9 - Local infection of the skin and subcutaneous tissue, unsp,L02.214 - Cutaneous abscess of groin,E78.01 - Familial hypercholesterolemia, **Date of Onset** :04/09/2024

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP **Estimated Cost** :

Prescriptions: 0696-107902-0392 - (IBUPROFEN : 400 MG) FILM COATED TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 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 : 04-Feb-2024

Signature :

Date : 04-Feb-2024