

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: EI THET HTAR KHIN

Card No

: I017-029-120176773-01

Policy Holder

: EI THET HTAR KHIN

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

: 01-01-1900 To 30-09-2024

Gender

: Female

Date Of Birth

: 20-Jun-1999

Patient's Tel No

: 505437451

Service Date

:04-Feb-2024

Health Provider

:Irham Medical Center Arjan

Doctor's Name

:Sajid Sanaullah

Co-Insurance

Remarks

:

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 PAIN IN THROAT ,FEVER,COUGH ,BODY PAIN AND HOARSNESS OF VOICE Duration: SINCE 3 DAYS

Vitals:Temp

: 36.8 Bp :109 Pulse :82 Resp :20

Clinical Findings:

Diagnosis:

J06.9 - Acute upper respiratory infection, unspecified,J03.90 - Acute tonsillitis, unspecified,R05 - Cough,R09.89 - Oth symptoms and signs involving the circ and resp systems,R50.9 - Fever, unspecified,

Date of Onset

:04/50/2024

Requested Investigations:

2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96365, THER/PROPH/DIAG IV INF INIT,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96374, THER/PROPH/DIAG INJ IV PUSH,0195-107704-0802, CEFTRIAZONE-TABUK IM-(CEFTRIAZONE : 1 G) POWDER FOR INJECTION,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,9, Consultation GP

Prescriptions:

1144-253101-1162 - (HEDERA HELIX (IVY) : 7MG/ML) SYRUP,0006-106601-0392 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0005-119805-1173 - (PREDNISOLONE : 5 MG) TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,

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

: 04-Feb-2024

Patient 's signature{Parent : if minor}



Date :

04-Feb-2024

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