## Administrative MEDICAL CLAIM FORM Claim Ref:

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|---|---|---|---|---|---|
| **Patient Name** | **: NATHANIEL WELCOME** | **Service Date** | **:06-Feb-2024** | **Network** | **: Green** |
| **Card No** | **: I017-029-118348457-02** | **Health Provider** | **:Irham Medical Center Arjan** | | **Direct Access SP - YES** |
| **Policy Holder** | **: NATHANIEL WELCOME** | **Doctor's Name** | **:Sajid Sanaullah** | | |
| **Payer Name** | **: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC** | **Co-Insurance** | : | | |
| **TPA** | **: E CARE - Green Network** | **Remarks** | : | | |
| **Validity** | **: 01-10-2023** To **30-09-2024** | | | | |
| **Gender** | **: Male** | | | | |
| **Date Of Birth** | **: 12-Dec-1989** | | | | |
| **Patient's Tel No** | **: 0569642461** | | | | |

| 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 FEVER,HEADACHE,SORE THROAT ,BODY PAIN SINCE 3 DAYS COUGHING 5 DAYS ON EXAMINATION PATIENT HAS HYPREMIC THROAT AND CHEST CONGESTION **Duration:**

**Vitals:**Temp : 36.6 Bp :137 Pulse :72 Resp :22

**Clinical Findings:**

**Diagnosis:** J06.9 - Acute upper respiratory infection, unspecified,J01.90 - Acute sinusitis, unspecified,R50.9 - Fever, unspecified,R05 - Cough,R52 - Pain, unspecified,J00 - Acute nasopharyngitis [common cold], **Date of Onset** :06/53/2024

**Requested Investigations:** 2040-106618-1001, PARACETAMOL S.A.L.F (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96374, THER/PROPH/DIAG INJ IV PUSH,0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,9.01, Follow Up Consultation GP **Estimated Cost** :

**Prescriptions:** 0006-106601-0392 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0005-119805-1173 - (PREDNISOLONE : 5 MG) TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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 :** 06-Feb-2024

**Signature :**

**Date** : 06-Feb-2024