

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: ISHAN UMANGA JAYASINGHE JAYASINGHE MUDIYANSELAGE

Card No

: I017-029-119209532-01

Policy Holder

: ISHAN UMANGA JAYASINGHE JAYASINGHE MUDIYANSELAGE

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

: 01-10-2023 To 30-09-2024

Gender

: Male

Date Of Birth

: 20-Jun-1995

Patient's Tel No

: 0504572187

Service Date

:10-Feb-2024

Health Provider

:Irham Medical Center Arjan

Doctor's Name

:Sajid Sanaullah

Co-Insurance

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Network

: Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: C/o: Cough productive of thick yellow mucus, difficulty breathing, fever and chest pain. He is a known asthmatic. but not hypertensive and not diabetic. Has also blocked nostrils.

Vitals:Temp

: 36.7 Bp :106 Pulse :74 Resp :22

Clinical Findings:

Diagnosis:

J45.41 - Moderate persistent asthma with (acute) exacerbation,J22 - Unspecified acute lower respiratory infection,J30.9 - Allergic rhinitis, unspecified,R05 - Cough,

Requested Investigations:

94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,0006-402803-2071, VENTOLIN NEBULES,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,2040-106618-1001, PARACETAMOL S.A.L.F (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP

Prescriptions:

0005-124508-1173 - (SALBUTAMOL : 2 MG) TABLETS,1204-571401-1161 - (GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) (TRIPROLIDINE HCL : 1.25 MG/5ML) SYRUP,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0090-265901-1171 - (MONTELUKAST : 10 MG) TABLETS,0205-290301-0391 - (LEVOCETIRIZINE (DIHCL OR HCL) : 5 MG) FILM COATED TABLETS,5253-649501-3851 - (MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY,

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

: 10-Feb-2024

Patient 's signature{Parent : if minor}



10-
Date : Feb-
2024