Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **IRFAN SHAFFI MUHAMMAD SHAFFI**	**Service Date**	**:12-Feb-2024**	**Network**	: Green
Card No	: **I017-029-117977933-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **IRFAN SHAFFI MUHAMMAD SHAFFI**	**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	: **03-Dec-1985**				
Patient's Tel No	: **0524544336**				

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, cough productive of sputum. Also has blocked nostrils and running nose. Know diabetic not compliant with lifestyle modification and not compliant with medication. For FBS tomorrow morning. **Duration:**

Vitals: Temp : 36.9 Bp :110 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: J02.8 - Acute pharyngitis due to other specified organisms,J00 - Acute nasopharyngitis [common cold],J30.9 - Allergic rhinitis, unspecified,E11.65 - Type 2 diabetes mellitus with hyperglycemia,E78.2 - Mixed hyperlipidemia,E79.0 - Hyperuricemia w/o signs of inflam arthrit and tophaceous dis,M17.9 - Osteoarthritis of knee, unspecified,M25.569 - Pain in unspecified knee, **Date of Onset :**12/10/2024

Requested Investigations: 82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,80061, LIPID PANEL,83036, HEMOGLOBIN GLYCOSYLATED A1C,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,84550, URIC ACID BLOOD,9, Consultation GP **Estimated Cost :**

Prescriptions: 1204-571401-1161 - (GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) (TRIPROLIDINE HCL : 1.25 MG/5ML) SYRUP,0188-232401-0392 - (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,0090-122303-0392 - (ETORICOXIB : 90 MG) FILM COATED TABLETS,2093-596002-0432 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL,0027-142201-0831 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED 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 : 12-Feb-2024

Signature :

Date : 12-Feb-2024