Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **BIRBAL TAMANG SUMAN LAMA**	**Service Date**	**:13-Feb-2024**	**Network**	: Green
Card No	: **I017-029-117090887-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **BIRBAL TAMANG SUMAN LAMA**	**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	: **23-Apr-1995**				
Patient's Tel No	: **0568946281**				

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, coughing productive of clear sputum Symptoms started two days ago. There is no fever. **Duration:**

Vitals: Temp : 36.7 Bp :131 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: J02.8 - Acute pharyngitis due to other specified organisms,J00 - Acute nasopharyngitis [common cold],J30.9 - Allergic rhinitis, unspecified, **Date of Onset** :13/55/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 6534-101502-0271 - (ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS,1516-107902-1171 - (IBUPROFEN : 400 MG) TABLETS,1111-183202-0391 - (FEXOFENADINE HCL : 180 MG) FILM COATED TABLETS,1204-571401-1161 - (GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) (TRIPROLIDINE HCL : 1.25 MG/5ML) SYRUP,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 : 13-Feb-2024

Signature :

Date : 13-Feb-2024