

## Administrative

## MEDICAL CLAIM FORM

## Claim Ref:

Patient Name : JACKILYN FLORES DE PEDRO  
Card No : I017-029-119384579-01  
Policy Holder : JACKILYN FLORES DE PEDRO  
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC  
TPA : E CARE - Green Network  
Validity : 01-10-2023 To 30-09-2024  
Gender : Female  
Date Of Birth : 19-May-1992  
Patient's Tel No : 0544975596

Service Date : 20-Feb-2024 Network : Green  
Health Provider : Irham Medical Center Arjan Direct Access SP - YES  
Doctor's Name : Sajid Sanaullah

|              |              |               |        |           |     |           |        |
|--------------|--------------|---------------|--------|-----------|-----|-----------|--------|
| Co-Insurance | CONSULTATION | LAB/RADIOLOGY | PHYSIO | PHARMACY  | IP  | MATERNITY | DENTAL |
|              | 10% max      | NIL           | NIL    | NIL LIMIT | NIL | 10%       | NA     |

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : C/O COUGH,RUNNY NOSE ,BODYACHE AND NASAL CONGESTION SINCE 2 DAYS NO KNOWN MEDICINE ALLERGIES Duration:

Vitals:Temp : 36.6 Bp :102 Pulse :84 Resp :22

## Clinical Findings:

Diagnosis: J00 - Acute nasopharyngitis [common cold],R50.9 - Fever, unspecified,R52 - Pain, unspecified,J02.9 - Acute pharyngitis, unspecified,R09.81 - Nasal congestion, Date of Onset :20/08/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0006-106601-0392 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0009-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,5251-624304-3591 - (AZELASTINE HCL : 1 MG/G) (FLUTICASONE PROPIONATE : 0.365 MG/G) SUSPENSION FOR NASAL SPRAY,0005-116801-1161 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 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 :

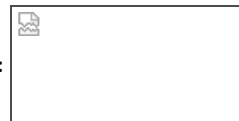
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : 20-Feb-2024

Signature :

Date : 20-Feb-2024