

Administrative

Patient Name : JOHN BARRY OMONDI

Card No : I017-029-119050814-01

Policy Holder : JOHN BARRY OMONDI

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 : 04-Nov-1999

Patient's Tel No : 0555219621

MEDICAL CLAIM FORM

Service Date :20-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

Remarks :

Claim Ref:

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : C/o: Flu symptoms, nasal congestion, pain in throat and sneezing. Developed Duration: epistaxis today with blood when he blows his nostrils. Had fever 2 days ago which has now resolved spontaneously.

Vitals:Temp : 36.5 Bp :120 Pulse :82 Resp :93

Clinical Findings:

Diagnosis: J00 - Acute nasopharyngitis [common cold],J30.9 - Allergic rhinitis, unspecified,R04.0 - Epistaxis, Date of Onset :20/11/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIRNTL WBC COUNT,86140, C REACTIVE PROTEIN,96374, THER/PROPH/DIAG INJ IV PUSH,0005-111805-1021, CHLOROHISTOL 10MG,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP

Prescriptions: 0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0097-116403-1451 - (AMOXICILLIN : 500 MG) CAPSULES (HARD GELATIN),0005-106601-0052 - (PARACETAMOL : 500 MG) CAPLETS,0027-128802-2021 - (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,

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

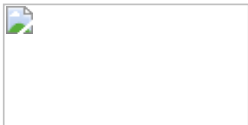
PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :

Date : 20-Feb-2024

Patient 's signature{Parent : if minor}



20-Feb-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appId=46381&patId=40447

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