## Administrative MEDICAL CLAIM FORM Claim Ref:

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|---|---|---|---|
| **Patient Name** | : **ASHRAF HASSAN HUSSEIN ELGHAMRY ABOUELGHIT** | **Service Date** | **:22-Feb-2024** |
| **Card No** | : **I017-029-116280018-02** | **Health Provider** | **:Irham Medical Center Arjan** |
| **Policy Holder** | : **ASHRAF HASSAN HUSSEIN ELGHAMRY ABOUELGHIT** | **Doctor's Name** | **:Sajid Sanaullah** |
| **Payer Name** | : **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC** | **Co-Insurance** | : |
| **TPA** | : **E CARE - Green Network** | | |
| **Validity** | : **01-10-2023** To **30-09-2024** | | |
| **Gender** | : **Male** | | |
| **Date Of Birth** | : **24-Jul-1985** | | |
| **Patient's Tel No** | : **0547446008** | | |

**Network** : Green

**Direct Access SP - YES**

| 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 :** Severe pain in throat, fever, myalgia, and cough. **Duration :**

**Vitals:**Temp : 36.8 Bp :110 Pulse :90 Resp :18

**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** :22/44/2024

**Requested Investigations:** 9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP **Estimated Cost** :

**Prescriptions:** 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,1643-383501-0582 - (BENZOCAINE : 6 MG) (MENTHOL : 10 MG) LOZENGES,0097-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,1516-107902-1171 - (IBUPROFEN : 400 MG) TABLETS,0005-119805-1172 - (PREDNISOLONE : 5 MG) 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 :** 22-Feb-2024

**Signature :**

**Date** : 22-Feb-2024