Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: POLA WAGDY FAHIM	**Service Date**	:24-Feb-2024	**Network**	: Green
Card No	: I011-029-118504990-01	**Health Provider**	:Irham Medical Center Arjan	**Direct Access SP - YES**	
Policy Holder	: POLA WAGDY FAHIM	**Doctor's Name**	:Sajid Sanaullah		
Payer Name	: AL SAGR NATIONAL INSURANCE COMPANY	**Co-Insurance**	:		
TPA	: E CARE - Blue Network	**Remarks**	:		
Validity	: 22-08-2023 To 21-08-2024				
Gender	: Male				
Date Of Birth	: 02-Jul-1997				
Patient's Tel No	: 0504122610				

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, fever, and nasal discharge with nasal congestion. Not hypertensive and not diabetic. **Duration:**

Vitals: Temp : 36.7 Bp :131 Pulse :75 Resp :22

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J03.90 - Acute tonsillitis, unspecified,J30.9 - Allergic rhinitis, unspecified,R50.9 - Fever, unspecified,K29.00 - Acute gastritis without bleeding,R11.10 - Vomiting, unspecified, **Date of Onset** :24/57/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS,0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,1614-530502-0612 - (DEXLANSOPRAZOLE : 30 MG) MODIFIED RELEASE CAPSULES,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,1204-571401-1161 - (GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) (TRIPROLIDINE HCL : 1.25 MG/5ML) SYRUP, **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 :**

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor} **Date :** 24-Feb-2024

Signature :  **Date** : 24-Feb-2024