Administrative **MEDICAL CLAIM FORM** **Claim Ref:**

Patient Name	: **ANTON SITHUM CHATHURANGA JAYAMAHA MUDALIGE DON**	**Service Date**	:**04-Mar-2024**
Card No	: **I017-029-118774237-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **ANTON SITHUM CHATHURANGA JAYAMAHA MUDALIGE DON**	**Doctor's Name**	:**Maimoona**
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	: **27-Jun-2000**		
Patient's Tel No	: **0524799560**		

Network : Green

Direct Access SP - YES

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 coughy,flu and fever since 2 days on examination pt has hypremic throat with mild chest congestion **Duration:**

Vitals: Temp : 37.4 Bp :120 Pulse :79 Resp :22

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,J02.9 - Acute pharyngitis, unspecified,R50.9 - Fever, unspecified,R07.0 - Pain in throat, **Date of Onset** :04/18/2024

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,85651, SEDIMENTATION RATE RBC NON AUTOMATED,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost** :

Prescriptions: 0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,0006-106601-0392 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0005-119805-1173 - (PREDNISOLONE : 5 MG) TABLETS,0005-116801-1162 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP,0195-123701-0391 - (CETIRIZINE HCL : 10 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 : Maimoona **Stamp :**

Patient 's signature{Parent : if minor} **Date :** 04-Mar-2024

Signature : **Date** : 04-Mar-2024