Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name : **ISLAM HAFSI**
Card No : **I022-029-120338346-01**
Policy Holder : **ISLAM HAFSI**
Payer Name : **TAKAFUL EMARAT**
TPA : **E CARE - Blue Network**
Validity : **17-01-2024** To **16-01-2025**
Gender : **Female**
Date Of Birth : **07-Oct-1988**
Patient's Tel No : **00000000**

Service Date :**04-Mar-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 FLU,RUNNY NOSE,COUGH,BODY PAIN SINCE 6 DAYS HEADACHE,STUFFY NOSE AND PAIN IN THROAT SINCE 5 DAYS **Duration:**

Vitals: Temp : 36.8 Bp :105 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R09.81 - Nasal congestion,J03.90 - Acute tonsillitis, unspecified,K59.00 - Constipation, unspecified,R51.9 - Headache, unspecified, **Date of Onset** :04/15/2024

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,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,96374, THER/PROPH/DIAG INJ IV PUSH,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT **Estimated : Cost**

Prescriptions: 2552-624301-3591 - (AZELASTINE HCL : 1 MG / 1 ML) (FLUTICASONE PROPIONATE : 0.365 MG / ML) 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,2027-560101-0391 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,1291-170801-1161 - (LACTULOSE : 66.7%) SYRUP,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS, 0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 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.

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 : 04-Mar-2024

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.

Patient 's signature{Parent if minor} :

Date : 04-Mar-2024