Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: ARIJ BEN ZINEB**	**Service Date**	**:04-Mar-2024**	**Network**	**:** Green
Card No	**: I017-029-119290084-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: ARIJ BEN ZINEB**	**Doctor's Name**	**:Sajid Sanaullah**		
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	**: E CARE - Blue Network**	**Remarks**	:		
Validity	**: 01-01-1900** To **11-04-2024**				
Gender	**: Female**				
Date Of Birth	**: 14-Nov-1994**				
Patient's Tel No	**: 971581248311**				

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 and difficulty and pain on swallowing since 2 weeks. Also has long standing history of GERD with esophagitis. Has heart burns every night **Duration:**

Vitals: Temp : 36.9 Bp :110 Pulse :78 Resp :18

Clinical Findings:

Diagnosis: J02.8 - Acute pharyngitis due to other specified organisms,K21.00 - Gastro-esophageal reflux dis with esophagitis, without bleed, **Date of Onset** :04/34/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0188-232401-0392 - (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,0005-141604-0082 - (ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE 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 : 04-Mar-2024

Signature :

Date : 04-Mar-2024