Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: CHARLENE RAMSAMY**	**Service Date**	**:06-Mar-2024**
Card No	**: I022-029-118918862-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	**: CHARLENE RAMSAMY**	**Doctor's Name**	**:Sajid Sanaullah**
Payer Name	**: TAKAFUL EMARAT**		
TPA	**: E CARE - Blue Network**	**Co-Insurance**	**:**
Validity	**: 16-10-2023** To **15-10-2024**		
Gender	**: Female**	**Remarks**	**:**
Date Of Birth	**: 30-Jul-1980**		
Patient's Tel No	**: 0557230485**		

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 RUNNY NOSE,SORE THROAT AND PRODUCTIVE COUGH SINCE 3 DAYS HEADACHE,NECK STIFFNESS AND CHEST CONGESTION SINCE 2 DAYS NO KNOWN MEDICINE ALLERGIES **Duration:**

Vitals: Temp : 36.8 Bp :112 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: J20.9 - Acute bronchitis, unspecified,R06.2 - Wheezing,R05 - Cough,R51.9 - Headache, unspecified, **Date of Onset :**06/36/2024

Requested Investigations: 0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,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,0195-107704-0802, CEFTRIAXONE-TABUK IM-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated : Cost**

Prescriptions: 0503-148701-1171 - (LORATADINE : 10 MG) TABLETS,0006-106601-0393 - (PARACETAMOL : 500 MG) FILM COATED 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,0005-119805-1173 - (PREDNISOLONE : 5 MG) TABLETS,0009-127405-0391 - (AZITHROMYCIN : 500 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 : 06-Mar-2024

Signature :

Date : 06-Mar-2024