## Administrative

## MEDICAL CLAIM FORM

## Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | : **EKBAL KHAN MOHAMMAD** | **Service Date** | :**08-Mar-2024** |
| **Card No** | : **I005-029-119146882-01** | **Health Provider** | :**Irham Medical Center Arjan** |
| **Policy Holder** | : **EKBAL KHAN MOHAMMAD** | **Doctor's Name** | :**Maimoona** |
| **Payer Name** | : **DUBAI INSURANCE COMPANY** | **Co-Insurance** | : |
| **TPA** | : **E CARE - Blue Network** | **Remarks** | : |
| **Validity** | : **25-08-2023** To **24-08-2024** | | |
| **Gender** | : **Male** | | |
| **Date Of Birth** | : **16-Dec-1994** | | |
| **Patient's Tel No** | : **0529214395** | | |

**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 FEVER,COLD ,COUGH SINCE 5 DAYS BODY PAIN AND HEADACHE SINCE 4 DAYS NO KNOWN MEDICINE ALLERGY **Duration:**

**Vitals:**Temp : 36.7 Bp :118 Pulse :82 Resp :22

**Clinical Findings:**

**Diagnosis:** J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,R50.9 - Fever, unspecified,R52 - Pain, unspecified,J02.9 - Acute pharyngitis, unspecified, **Date of Onset** :08/54/2024

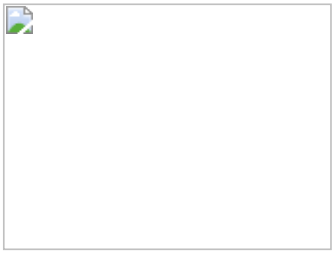
**Requested Investigations:** 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96374, THER/PROPH/DIAG INJ IV PUSH,0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP **Estimated Cost :**

**Prescriptions:** 0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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,0006-106601-0393 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0009-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS, **Estimated Cost :**

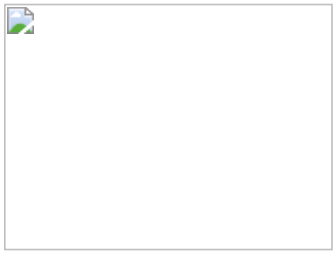
**MEDICAL PRACTITIONER DECLARATION :**

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.

**Dr's Name** : Maimoona **Stamp :**



**Signature :**



**Date** : 08-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 :** 08-Mar-2024