Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: JANGA BAHADUR THAPA**	**Service Date**	**:17-Mar-2024**
Card No	**: I017-029-116363970-02**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	**: JANGA BAHADUR THAPA**	**Doctor's Name**	**:Sajid Sanaullah**
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	**: 28-Mar-1982**		
Patient's Tel No	**: 0569768782**		

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 : cought and problem in breathing from last night **Duration :**

Vitals: Temp : 36.6 Bp :110 Pulse :84 Resp :20

Clinical Findings:

Diagnosis: J21.8 - Acute bronchiolitis due to other specified organisms,R05 - Cough,W13.0XXS - Fall from, out of or through balcony, sequela,A38.1 - Scarlet fever with myocarditis, **Date of Onset** :17/17/2024

Requested Investigations: 9, Consultation GP,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,96360, HYDRATION IV INFUSION INIT,0006-402803-2071, VENTOLIN NEBULES,0195-107704-0802, CEFTRIAXONE-TABUK IM,96372, THER/PROPH/DIAG INJ SC/IM,94640, AIRWAY INHALATION TREATMENT,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION **Estimated Cost** :

Prescriptions: 0574-134003-1161 - (BROMHEXINE HYDROCHLORIDE : 4 MG/5ML) SYRUP,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.

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 : 17-Mar-2024

Signature :

Date : 17-Mar-2024