

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : JANGA BAHADUR THAPA Service Date :17-Mar-2024 Network : Green
Card No : I017-029-116363970-02 Health Provider :Irham Medical Center Arjan Direct Access SP - YES
Policy Holder : JANGA BAHADUR THAPA Doctor's Name :Sajid Sanaullah
Payer Name : ABU DHABI NATIONAL Co- Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

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

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : cough 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 :

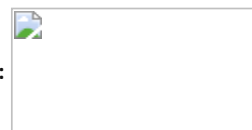
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient 's signature{Parent : if minor}



17-
Date : Mar-2024

Signature :

Date : 17-Mar-2024