Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: CHATHURA SALINGA WIJAYAKUMARA RAJAPAKSA PEDIGE**	**Service Date**	**:05-Apr-2024**	**Network**	**: Green**
Card No	**: I017-029-118862638-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: CHATHURA SALINGA WIJAYAKUMARA RAJAPAKSA PEDIGE**	**Doctor's Name**	**:Enomen Goodluck**		
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	**: 07-Feb-1989**				
Patient's Tel No	**: 0568786292**				

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 : Cough since the past 5days, difficulty breathing, fever, chest pain. Also complaint of poor sleep. Also upper abdominal pain each time he drinks alcohol. Counselled to quit taking alcohol.. **Duration:**

Vitals: Temp : 36.4 Bp :120 Pulse :80 Resp :18

Clinical Findings:

Diagnosis: J45.21 - Mild intermittent asthma with (acute) exacerbation,J22 - Unspecified acute lower respiratory infection,J02.8 - Acute pharyngitis due to other specified organisms,R06.09 - Other forms of dyspnea,R06.2 - Wheezing,K29.00 - Acute gastritis without bleeding, **Date of Onset** :05/46/2024

Requested Investigations: 96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,94640, AIRWAY INHALATION TREATMENT,0006-402803-2071, VENTOLIN NEBULES,0188-135906-2441, PULMICORT,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,INJ016, INJ-HYDROCORTISONE 250 MG/2ML,9, Consultation GP **Estimated Cost** :

Prescriptions: 0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0188-232401-0392 - (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0090-265901-1171 - (MONTELUKAST : 10 MG) TABLETS,0005-116801-2481 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE),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 : Enomen Goodluck **Stamp :**

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI : U.A.E.

Patient 's signature{Parent : if minor} **Date :** 05-Apr-2024

Signature : **Date** : 05-Apr-2024