

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : NADEEM AHMAD SALIM KHAN
Card No : I011-029-119557476-01
Policy Holder : NADEEM AHMAD SALIM KHAN
Payer Name : AL SAGR NATIONAL INSURANCE COMPANY
TPA : E CARE - Green Network
Validity : 19-06-2023 To 18-06-2024
Gender : Male
Date Of Birth : 20-Feb-1983
Patient's Tel No : 0554951623

Service Date : 06-Apr-2024
Health Provider : Irham Medical Center Arjan
Doctor's Name : Enomen Goodluck
Co-Insurance :

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

Network : Green
Direct Access SP - YES

Remarks :

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
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Chief Complaints : C/o: Pain in throat and coughing that is productive of clear sputum There is no fever. **Duration:**

Vitals: Temp : 36.6 Bp :110 Pulse :80 Resp :22

Clinical Findings:

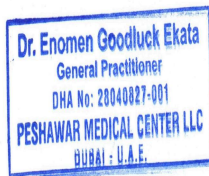
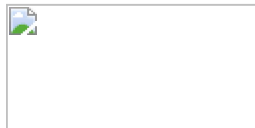
Diagnosis: J02.8 - Acute pharyngitis due to other specified organisms,R07.0 - Pain in throat,R05 - Cough, **Date of Onset :**06/44/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED 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),0252-389802-1171 - (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 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.
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Dr's Name : Enomen Goodluck	Stamp : 	Patient's signature{Parent : if minor} 	Date : Apr-2024
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Signature :  **Date :** 06-Apr-2024