

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MICHELLE SABALAN
 Card No : I017-029-119448945-01
 Policy Holder : MICHELLE SABALAN
 Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
 TPA : E CARE - Blue Network
 Validity : 01-10-2023 To 30-09-2024
 Gender : Female
 Date Of Birth : 23-May-1988
 Patient's Tel No : 0569132882

Service Date : 21-Oct-2023
 Health Provider : Irham Medical Center Arjan
 Doctor's Name : Sajid Sanaullah
 Network : Green
 Direct Access SP - YES

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

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : Fever and changed voice since yesterday Bodyache Weakness Difficulty breathing Blocked nose cough Runny nose vomiting and nausea gas pain in swallowing O/E throat congested Chest air entry equal

Duration:

Vitals:Temp : 38.2 Bp :100 Pulse :102 Resp :24

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,R50.9 - Fever, unspecified,R05 - Cough,R49.0 - Dysphonia,R53.1 - Weakness,R06.00 - Dyspnea, unspecified,R09.81 - Nasal congestion,R11.10 - Vomiting, unspecified,R07.0 - Pain in throat, Date of Onset : 21/24/2023

Requested Investigations: 96372, THER/PROPH/DIAG INJ SC/IM,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96374, THER/PROPH/DIAG INJ IV PUSH,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT

Estimated : Cost

Prescriptions: 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 :

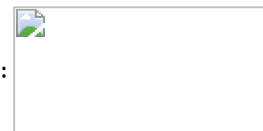
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : Oct-2023

Signature :

Date : 21-Oct-2023