## Administrative

# MEDICAL CLAIM FORM

## Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | : **KHARAK SINGH KISHAN SINGH** | **Service Date** | **:08-Dec-2023** |
| **Card No** | : **I017-029-119076401-01** | **Health Provider** | **:Irham Medical Center Arjan** |
| **Policy Holder** | : **KHARAK SINGH KISHAN SINGH** | **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** | : **15-Jul-1998** | | |
| **Patient's Tel No** | : **0569469783** | | |

**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 :** Severe sore throat and fever and chills and vomiting and nausea started three days back on 5/12/2023 severe stomach pain started yesterday **Duration:**

**Vitals:**Temp : 37.5 Bp :124 Pulse :85 Resp :22

**Clinical Findings:**

**Diagnosis:** R07.0 - Pain in throat,R05 - Cough,K29.00 - Acute gastritis without bleeding,J02.9 - Acute pharyngitis, unspecified, **Date of Onset** :08/53/2023

**Requested Investigations:** 0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-242802-0781, PANTONIX 40MG I.V.,0005-150403-1021, PREMOSAN ,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,0006-124513-2071, VENTOLIN NEBULES,9.01, Follow Up Consultation GP **Estimated Cost** :

**Prescriptions:** 0031-168201-0391 - (DOMPERIDONE : 10 MG) FILM COATED TABLETS,0252-389802-1171 - (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 MG) TABLETS,0005-116801-1161 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 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** : 08-Dec-2023

**Signature :**

**Date** : 08-Dec-2023