Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: Vickson Twesigye**	**Service Date**	**:12-Jul-2022**
Card No	**: I017-029-116125790-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	**: Vickson Twesigye**	**Doctor's Name**	**:Sajid Sanaullah**
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY**	**Co-Insurance**	:
TPA	**: TPA029**		
Validity	**: 01-10-2021** To **30-09-2022**	**Remarks**	**:**
Gender	**: Male**		
Date Of Birth	**: 01-Dec-1986**		
Patient's Tel No	**: 0557763659**		

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 : Pat. came with complaints of SOB , no fever , no chills , NO pain in swallowing since past 3 days and its getting worse with dry cough . NO cigg , alcohol 1 beer a month On examination : Erythema, mild exudates on throat, Heart s1 s2 heard, lungs clear, Abd : no HS megaly , soft. Family history UNKNOWN **Duration:**

Vitals: Temp : 37 Bp :120 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: R07.1 - Chest pain on breathing,R06.02 - Shortness of breath,R06.9 - Unspecified abnormalities of breathing, **Date of Onset** :12/46/2022

Requested Investigations: 9, Consultation GP,93000, ELECTROCARDIOGRAM COMPLETE,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,80051, ELECTROLYTE PANEL **Estimated: Cost**

Estimated Cost :

Prescriptions:

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 :**

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date** : 12-Jul-2022

Signature : **Date** : 12-Jul-2022