Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: SAIFUL ISLAM**	**Service Date**	**:05-May-2024**	**Network**	**:** Green
Card No	**: I017-029-119768242-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: SAIFUL ISLAM**	**Doctor's Name**	**:Humaira**		
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	**: 16-Dec-2000**				
Patient's Tel No	**: 0557585940**				

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 : CO pusy nodule on his back pus is ozzing fever painful oe chest is clear no added sounds vitals stable advised two days sick leave **Duration:**

Vitals: Temp : 35.7 Bp :120 Pulse :72 Resp :22

Clinical Findings:

Diagnosis: L02.232 - Carbuncle of back [any part, except buttock],R50.9 - Fever, unspecified,R52 - Pain, unspecified, **Date of Onset** :05/50/2024

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP **Estimated Cost** :

Prescriptions: 2715-711201-0451 - (IBUPROFEN (AS L-ARGININE SALT) : 600 MG) GRANULES,0005-187502-0151 - (BETAMETHASONE : 0.10%) (FUSIDIC ACID : 2%) CREAM,0248-187801-1171 - (DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS,0006-143604-1171 - (CEFUROXIME : 125 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 : Humaira

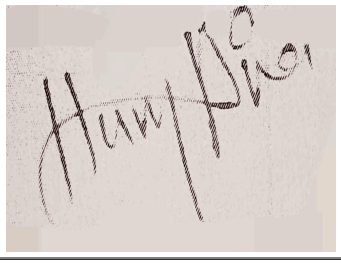
Stamp :

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 05-May-2024

Signature :



Date : 05-May-2024