

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: CAESAR ZALUM MALLILLIA

Card No

: I017-029-118816759-01

Policy Holder

: CAESAR ZALUM MALLILLIA

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

: 01-10-2023 To 30-09-2024

Gender

: Male

Date Of Birth

: 28-Aug-1972

Patient's Tel No

: 0501397656

Service Date

:05-May-2024

Health Provider

:Irham Medical Center Arjan

Doctor's Name

:Humaira

Co-Insurance

Remarks

:

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

: For medication refill.Has nil complaint.Known hypertensive and diabetic.Has Duration: not been on his sugar medications as he feels he has been well controlled.FBS this morning 106mg/dl.

Vitals:Temp

: 36.6 Bp :135 Pulse :79 Resp :22

Clinical Findings:

Diagnosis:

I10 - Essential (primary) hypertension,E11.42 - Type 2 diabetes mellitus with diabetic polyneuropathy, Date of Onset:05/41/2024

Requested Investigations:

9, Consultation GP

Estimated Cost

:

Prescriptions:

0252-155401-0391 - (LOSARTAN POTASSIUM : 50 MG) FILM COATED 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

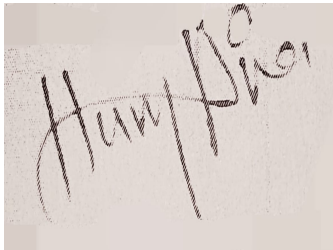
General Practitioner

DHA No: 54155530-002

PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

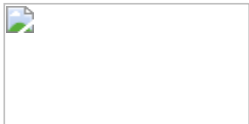
Signature :



Date

: 05-May-2024

Patient 's signature{Parent : if minor}



Date

: May-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=47999&patld=40287

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