Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: Narendra Mehta	**Service Date**	:12-May-2024
Card No	: I017-029-118013012-02	**Health Provider**	:Irham Medical Center Arjan
Policy Holder	: Narendra Mehta	**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	: 07-May-1996		
Patient's Tel No	: 0504507830		

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 : Sore throat X 2days Fever X 2days Cough X 2days Medication History: paracetamol **Duration:**

Vitals: Temp : 37.1 Bp :108 Pulse :100 Resp :20

Clinical Findings:

Diagnosis: J05.11 - Acute epiglottitis with obstruction,J10.1 - Flu due to oth ident influenza virus w oth resp manifest,J06.9 - Acute upper respiratory infection, unspecified, **Date of Onset** :12/51/2024

Requested Investigations: 85007, BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 0096-106304-0271 - (ASCORBIC ACID (VITAMIN C) : 1 G) EFFERVESCENT TABLETS,4179-711202-0391 - (IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS,0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 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

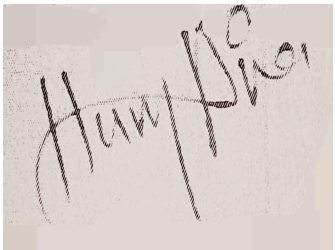
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 12-May-2024

Signature :



Date : 12-May-2024