Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: Anjali Lama**	**Service Date**	**:17-May-2024**	**Network**	**: Green**
Card No	**: I017-029-120175024-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: Anjali Lama**	**Doctor's Name**	**:Enomen Goodluck**		
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	**: Female**				
Date Of Birth	**: 23-Jan-1998**				
Patient's Tel No	**: 0507823227**				

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 headache, pain radiates to the back of the neck, it is located on both sides of the skull. Also has fever and generalized body pains, and has nausea but has not vomited. Declined investigations and perenteral treatment. **Duration:**

Vitals: Temp : 37.5 Bp :116 Pulse :78 Resp :18

Clinical Findings:

Diagnosis: G43.019 - Migraine w/o aura, intractable, without status migrainosus,R51.9 - Headache, unspecified, **Date of Onset:**17/51/2024

Requested Investigations: 9, Consultation GP **Estimated Cost :**

Prescriptions: 0027-142201-0832 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,0006-199803-1171 - (SUMATRIPTAN : 100 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.

Dr's Name : Enomen Goodluck **Stamp :**

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature : **Date** : 17-May-2024

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.

Patient 's signature{Parent if minor} : **Date :** 17-May-2024