Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **RAMI SAMIR KAMAL ABDELAZIZ**	**Service Date**	**:18-May-2024**	**Network**	: Green
Card No	: **I017-029-116591803-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **RAMI SAMIR KAMAL ABDELAZIZ**	**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	: **Male**				
Date Of Birth	: **22-Jan-1985**				
Patient's Tel No	: **0527640808**				

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 : Frequent passage of urine for the past one week. Visits the washroom on the average about 17 times per day. Also has nocturia which has made him unable to sleep at night. He is a known hypertensive but not previously diabetic. Both parents are hypertensive and diabetic (very strong first degree association). FBS yesterday was 449mg/dl (as seen on his report). RBS at presentation this morning is 597mg/dl. Patient is counselled on lifestyle and dietary modification. For rehydration. Consider referral for expert management **Duration:**

Vitals: Temp : 37.2 Bp :131 Pulse :89 Resp :0

Clinical Findings:

Diagnosis: E11.65 - Type 2 diabetes mellitus with hyperglycemia,E08.65 - Diabetes due to underlying condition w hyperglycemia,J02.9 - Acute pharyngitis, unspecified,R50.9 - Fever, unspecified, **Date of Onset** :18/43/2024

Requested Investigations: 96360, HYDRATION IV INFUSION INIT,0102-111908-1001, SODIUM CHLORIDE B.P.,0195-107704-0801, CEFTRIAXONE-TABUK IV,9.01, Follow Up Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost** :

Prescriptions: 0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0090-204902-0391 - (SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 500 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.

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 : 18-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 : 18-May-2024