Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **WAQAR AHMED MOHD ASLAM**	**Service Date**	**:21-May-2024**	**Network**	: Green
Card No	: **I017-029-119050823-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **WAQAR AHMED MOHD ASLAM**	**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	: **15-Jan-1998**				
Patient's Tel No	: **0545734696**				

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 back pain 2 weeks history of heavy weight lifting oe muscle strain chest is clear no addded sounds vitals stable **Duration:**

Vitals: Temp : 36.3 Bp :107 Pulse :75 Resp :18

Clinical Findings:

Diagnosis: M62.830 - Muscle spasm of back,M79.18 - Myalgia, other site, **Date of Onset** :21/35/2024

Requested Investigations: 0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 2093-596002-0432 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL,1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,4417-711201-0451 - (IBUPROFEN (AS L-ARGININE SALT) : 600 MG) GRANULES, **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

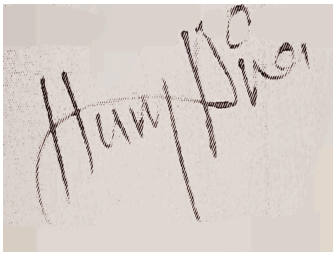
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 21-May-2024

Signature :



Date : 21-May-2024