Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: DALIP SINGH UMESH SINGH**	**Service Date**	**:21-May-2024**	**Network**	**: Green**
Card No	**: I017-029-119293445-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: DALIP SINGH UMESH SINGH**	**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	**: 20-Jun-1995**				
Patient's Tel No	**: 0502052706**				

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 : skin abscess on the penile shaft. For I&D **Duration :**

Vitals: Temp : 37 Bp :123 Pulse :66 Resp :20

Clinical Findings:

Diagnosis: L02.91 - Cutaneous abscess, unspecified,L03.314 - Cellulitis of groin,A63.0 - Anogenital (venereal) warts, **Date of Onset** :21/40/2024

Requested Investigations: , SERVICE CHARGE 10,96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 5098-116604-1171 - (METRONIDAZOLE : 500 MG) TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 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 : Enomen Goodluck **Stamp :**

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

Patient 's signature{Parent if minor} : **Date** : 21-May-2024

Signature : **Date** : 21-May-2024