

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: MANJU LAMA

Card No

: I017-029-120125902-01

Policy Holder

: MANJU LAMA

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

: 01-10-2023 To 30-09-2024

Gender

: Female

Date Of Birth

: 26-Nov-1987

Patient's Tel No

: 0504625016

Service Date

:22-May-2024

Health Provider

:Irham Medical Center Arjan

Doctor's Name

:Enomen Goodluck

Co-Insurance

Remarks

:

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

: Pain on the right kneel since 1bout 24hours prior to presenation. There is no history of trauma. a d pain was of insidious onstt. Exam: Tenderness on the kneel joint and ankle of right footl

Vitals:

Clinical Findings:

Diagnosis:

M06.9 - Rheumatoid arthritis, unspecified,

Date of Onset

: 22/16/2024

Requested Investigations:

9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,86431, RHEUMATOID FACTOR QUANTITATIVE

Estimated Cost

:

Prescriptions:

0240-223401-1171 - (NAPROXEN : 500 MG) TABLETS,

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.

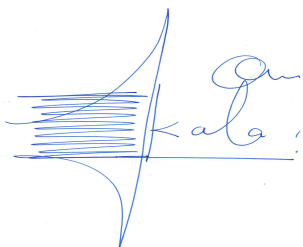
Dr's Name

: Enomen Goodluck

Stamp :

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

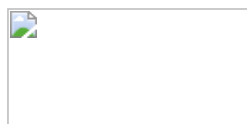
Signature :



Date

: 22-May-2024

Patient 's signature{Parent : if minor}



22-
Date : May-
2024