Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: Caleb Musyoki Nzengula**	**Service Date**	**:22-May-2024**	**Network**	**: Green**
Card No	**: I017-029-116122171-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: Caleb Musyoki Nzengula**	**Doctor's Name**	**:Humaira**		
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

TPA	**: E CARE - Green Network**
Validity	**: 01-10-2023** To **30-09-2024**
Gender	**: Male**
Date Of Birth	**: 15-Aug-1988**
Patient's Tel No	**: 0559096728**
Remarks	**:**

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : co pai in the lower abdominan dark colour urine 1 week pain in epigastric region 1 month oe chest is clear no added sounds vitals stable **Duration:**

Vitals: Temp : 36 Bp :124 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: N39.0 - Urinary tract infection, site not specified,K29.70 - Gastritis, unspecified, without bleeding,R52 - Pain, unspecified, **Date of Onset** **:**22/35/2024

Requested Investigations: 85652, SEDIMENTATION RATE RBC AUTOMATED,86140, C REACTIVE PROTEIN,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,0195-107704-0801, CEFTRIAXONE-TABUK IV,96374, THER/PROPH/DIAG INJ IV PUSH,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,86677, ANTIBODY HELICOBACTER PYLORI,9, Consultation GP **Estimated Cost :**

Prescriptions: 0270-189301-0081 - (ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS,0067-380301-0341 - (*PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS,0097-658501-0251 - (TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES,0248-187801-1171 - (DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS,6076-482003-0392 - (CIPROFLOXACIN (AS HYDROCHLORIDE) : 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.

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.

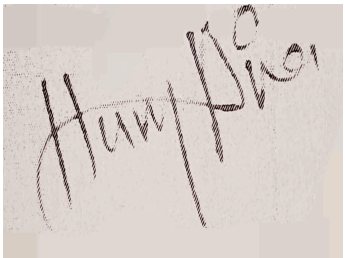
Dr's Name : Humaira

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 : 22-May-2024

Signature : 

Date : 22-May-2024