

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : Bapan Das

Card No : I017-029-116136821-02

Policy Holder : Bapan Das

Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA : E CARE - Green Network

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

Gender : Male

Date Of Birth : 17-May-1987

Patient's Tel No : 0509376802

Service Date :23-May-2024

Health Provider :Irham Medical Center Arjan

Doctor's Name :Humaira

Co-Insurance :

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

Network : Green

Direct Access SP - YES

Remarks :

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : co cough fever bodyache joint pain on and off heart burn 1 month oe

Duration:

enlarge tonsills chest is congested no added sounds small joints pain vitals stable history of smoking

Vitals:Temp : 36.6 Bp :107 Pulse :79 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,M25.579 - Pain in unspecified ankle and joints of unspecified foot,R05 - Cough,R50.9 - Fever, unspecified,K29.70 - Gastritis, unspecified, without bleeding,

Date of Onset :23/16/2024

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,96374, THER/PROPH/DIAG INJ IV PUSH,84550, URIC ACID BLOOD,101, GENARAL WELNES CHECKUP (55 TEST),9, Consultation GP,85652, SEDIMENTATION RATE RBC AUTOMATED,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN

Estimated : Cost

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0097-393801-2471 - (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE),0005-119803-1172 - (PREDNISOLONE : 20 MG) TABLETS,0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),0097-127405-0392 - (AZITHROMYCIN : 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 : Humaira

Stamp :

Dr. Humaira Mumtaz

General Practitioner

DHA No: 54155530-002

PESHAWAR MEDICAL CENTER LLC

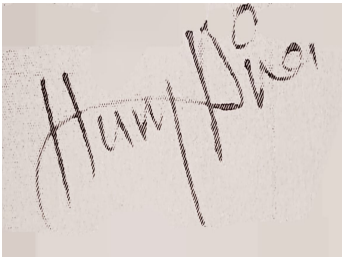
DUBAI - U.A.E.

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}



23-May-2024

Signature :

Date : 23-May-2024