Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ABDUL SHAKIR ABDUL RAHMAN SYED**	**Service Date**	**:23-May-2024**
Card No	: **I017-029-119221144-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **ABDUL SHAKIR ABDUL RAHMAN SYED**	**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	: **27-Jun-1987**		
Patient's Tel No	: **0522786230**		

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

Network : Green

Direct Access SP - YES

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

Chief Complaints : co fever body ache headache 1 week on and off dark colour urine oe enlarge **Duration:**
tonsillls chest is clear no added sounds restless co fever body ache headache 1 week on and off
dark colour urine oe enlarge tonsillls chest is clear no added sounds restless

Vitals:

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,J06.9 - Acute upper respiratory infection, unspecified,R52 - Pain, unspecified,R50.9 - Fever, unspecified, **Date of Onset** :23/35/2024

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,96374, THER/PROPH/DIAG INJ IV PUSH,9.01, Follow Up Consultation GP **Estimated Cost** :

Prescriptions: **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

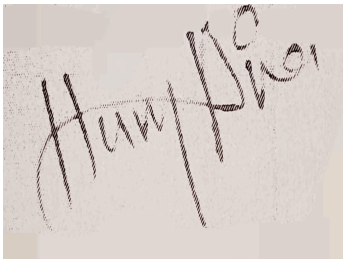
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 23-May-2024

Signature :



Date : 23-May-2024