## **Administrative**

## **MEDICAL CLAIM FORM**

:Enomen Goodluck

## **Claim Ref:**

**Patient** 

: GIRIDHAR DUGGENA

Service Date :25-May-2024

Network : Green

Name

Health :Irham Medical Center Arjan

**Card No** 

Provider

: 1005-029-115888608-01

Doctor's

**Direct Access SP - YES** 

Payer Name : DUBAI INSURANCE

**COMPANY** 

Policy Holder: GIRIDHAR DUGGENA Name

**Co-Insurance** 

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

TPA

Gender

: E CARE - Blue Network 25-08-2023 To 24-08-

Validity

Remarks

2024

: Male

Date Of Birth: 08-Nov-1980

Dationt's Tal

Acute Pre-exist	ing and chronic	☐ Maternity
Chief Complaints: Represented still costairs 5days prior to presentation. X-ray	mplaining of right kneel pain. said to have fallen from of the right kneel is advised.	m <b>Duration:</b>
<b>Vitals:</b> Temp : 36.7 Bp :145 Pulse :82 Re	sp :20	
Clinical Findings:		
Diagnosis: M25.561 - Pain in right knee,G89.11 - Acute pain due to trauma,		Date of Onset :25/10/2024
	Up Consultation GP,73560, RADIOLOGIC EXAMINAT INJ SC/IM,0005-149902-1021, CLOFEN	ION KNEE Cost
•	ETHYL SALICYLATE : N/A) (HYDROXYETHYL SALICYLAT COTINATE : N/A) TOPICAL AEROSOL SPRAY,0186-1437 D GELATIN),	
MEDICAL PRACTITIONER DECLARATION:		PATIENT'S DECLARATION :
I declare that I am the patient's medic the best of my knowledge true and co	al practitioner and that the particulars given are to rrect.	I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any informati regarding my medical condition & history for purpose or determining insurance benefits.
Dr's : Enomen Goodluck Name	Dr. Enomen Goodluck Ekata General Practitioner DHA No: 28040827-001 PESHAWAR MEDICAL CENTER LLC BURAL: U.A.E.	Patient 's signature{Parent: if minor}  25  Date: M 20
Signature:	Date : 25-May-2024	