Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **SHAKEEL MUKHTYAR THANGE THANGE MUKHTYAR MOHAMMAD**	**Service Date**	:**27-May-2024**	**Network**	: Green
Card No	: **I017-029-119448916-01**	**Health Provider**	:**Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **SHAKEEL MUKHTYAR THANGE THANGE MUKHTYAR MOHAMMAD**	**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	: **29-Sep-1986**				
Patient's Tel No	: **0507029989**				

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 : co muscle stain on the shoulder and knee pain 5 days oe muscle pain and strain chest is clear no added sounds **Duration:**

Vitals: Temp : 36.5 Bp :111 Pulse :56 Resp :18

Clinical Findings:

Diagnosis: M62.169 - Other rupture of muscle (nontraumatic), unsp lower leg,M62.838 - Other muscle spasm,R52 - Pain, unspecified, **Date of Onset** :27/20/2024

Requested Investigations: 9, Consultation GP,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM **Estimated Cost** :

Prescriptions: 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,2093-596002-0432 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL,0005-252201-0391 - (CAFFEINE : 65 MG) (IBUPROFEN : 400 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.

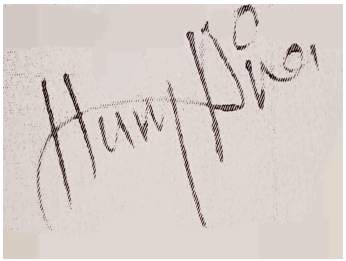
PATIENT'S DECLARATION :

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** : 27-May-2024

Signature :  **Date** : 27-May-2024