Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: SHAKEEL MUKHTYAR THANGE THANGE MUKHTYAR MOHAMMAD	**Service Date**	:28-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 heart burn 1 month oe epigastric pain chest is clear **Duration :**

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

Clinical Findings:

Diagnosis: K29.70 - Gastritis, unspecified, without bleeding,R10.13 - Epigastric pain, **Date of Onset** :28/19/2024

Requested Investigations: 9.01, Follow Up Consultation GP,80061, LIPID PANEL **Estimated Cost :**

Prescriptions: 0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN), **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.

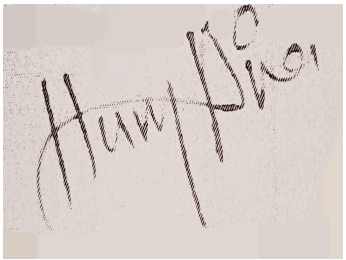
PATIENT'S DECLARATION :

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** : 28-May-2024

Signature :  **Date** : 28-May-2024