Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **SANTOSH THAPA BIR BAHADUR THAPA**	**Service Date**	**:29-May-2024**
Card No	: **I017-029-119655333-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **SANTOSH THAPA BIR BAHADUR THAPA**	**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	: **07-May-2000**		
Patient's Tel No	: **0566960387**		

Network : Green

Direct Access SP - YES

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 accidental burn of the hand one hand when he was cooking oe redness on the hand chest is clear no added sounds **Duration:**

Vitals: Temp : 36.5 Bp :141 Pulse :70 Resp :18

Clinical Findings:

Diagnosis: T23.009A - Burn of unsp degree of unsp hand, unsp site, init encntr,R52 - Pain, unspecified,L53.9 - Erythematous condition, unspecified, **Date of Onset** :29/55/2024

Requested Investigations: 9, Consultation GP,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost** :

Prescriptions: 0005-217501-0653 - (BETA SITOSTEROL : 0.25%) OINTMENT,0005-116604-1171 - (METRONIDAZOLE : 500 MG) TABLETS,0219-142902-1452 - (CEFIXIME : 400 MG) CAPSULES (HARD GELATIN),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

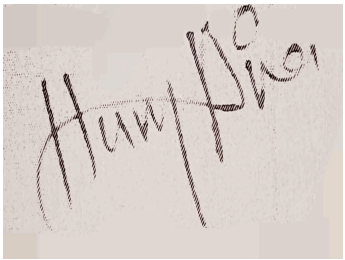
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 29-May-2024

Signature :



Date : 29-May-2024