Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **NAWAJAHMED AKIL SAYYED AKIL JANMOHAMED SAYYED**	**Service Date**	**:29-May-2024**	**Network**	: Green
Card No	: **I017-029-116122371-02**	**Health Provider**	**:Irham Medical Center Arjan**	**Direct Access SP - YES**	
Policy Holder	: **NAWAJAHMED AKIL SAYYED AKIL JANMOHAMED SAYYED**	**Doctor's Name**	**:Enomen Goodluck**		
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	: **06-Jun-1998**				
Patient's Tel No	: **0586644103**				

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 : Symptoms: Skin rashes Duration/onset: 21/05/2024 (1week). History: Rashes are widely distributed on the trunk, both front and back as well as both axilla. it is pruritic. Past medical history: No history of previous symptoms, not hypertensive and not diabetic. Family history: Not relevant. Allergic history: None Occupational history: works as a chef and repeats his uniform, no history of overcrowding. Social history: smokes tobacco; 10 sticks per day, and takes alcohol occasionally. Claims to maintain good hygiene. Possible aetiology: Fungal skin infection (tenia versicolor), atopic dermatis, dermatitis unspecified (eczema) Examination findings: Rashes are hyperpigmented patches distributed on the chest, back and both axilla. Plan: Counselled on need for improved hygiene, RBS is advised, antifungal medication recommended.

Duration:

Vitals: Temp : 37.1 Bp :126 Pulse :85 Resp :18

Clinical Findings:

Diagnosis: L30.9 - Dermatitis, unspecified,L20.9 - Atopic dermatitis, unspecified,L29.9 - Pruritus, unspecified, **Date of Onset :**30/20/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,82948, REAGENT STRIP/BLOOD GLUCOSE,9, Consultation GP **Estimated Cost :**

Prescriptions: 0031-109204-1172 - (TERBINAFINE (AS HCL) : 250 MG) TABLETS,0031-124403-0651 - (MOMETASONE FUROATE : 0.1%) OINTMENT,0070-148701-1171 - (LORATADINE : 10 MG) 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 : Enomen Goodluck **Stamp :**

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date :** 30-May-2024

Signature : **Date** : 30-May-2024