Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: NARESH GENDA LAL**
Card No	**: I035-029-118743875-01**
Policy Holder	**: NARESH GENDA LAL**
Payer Name	**: SALAMA – Islamic Arab Insurance Company**
TPA	**: E CARE - Blue Network**
Validity	**: 23-11-2023** To **22-11-2024**
Gender	**: Male**
Date Of Birth	**: 03-Aug-1993**
Patient's Tel No	**: 0569644103**

Service Date :29-May-2024 **Network** : Green

Health Provider :Irham Medical Center Arjan **Direct Access SP - YES**

Doctor's Name :Enomen Goodluck

Co-Insurance :

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

Remarks :

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : Symptoms: pain on defecation, also pain on the posterior aspect of both lower limbs. Duration: Yesterday (28/05/2024). History of presenting complaint: Anal pain is observed to occur when he takes spicy foods, there is no constipation and no blood in stool. Past medical history: Has a history of similar illness in the past. Not hypertensive and not diabetic Family history: Not relevant Allergies: None Social history: Does not take tobacoo but takes alcohol occasionally. Occupational history: Chef Exam: General examination is satisfactory and he is not ill looking Abdomen: Mild epigastric tenderness DRE: Good perianal hygiene, fissure in the anal verge. Digital rectal not continued. **Duration:**

Vitals: Temp : 36.9 Bp :110 Pulse :0 Resp :18

Clinical Findings:

Diagnosis: K60.0 - Acute anal fissure,K29.00 - Acute gastritis without bleeding,R10.13 - Epigastric pain,K59.00 - Constipation, unspecified, **Date of Onset** :29/30/2024

Requested Investigations: 96374, THER/PROPH/DIAG INJ IV PUSH,0005-242802-0781, PANTONIX 40MG I.V.,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 1732-191711-0991 - (GLYCEROL : 1.360 G/5ML) SOLUTION,0046-149903-2231 - (DICLOFENAC SODIUM : 100 MG) RECTAL SUPPOSITORIES,0137-242802-0342 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC 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 : 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 :** 29-May-2024

Signature : **Date** : 29-May-2024