Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: MOHAMED SAFNI**	**Service Date**	**:29-May-2024**	**Network**	**:** Green
Card No	**: I017-029-120076119-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: MOHAMED SAFNI**	**Doctor's Name**	**:Enomen Goodluck**		
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	**: E CARE - Green Network**	**Remarks**	:		
Validity	**: 13-11-2023** To **30-09-2024**				
Gender	**: Male**				
Date Of Birth	**: 01-Nov-2000**				
Patient's Tel No	**: 0565727014**				

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: Fever, Body pains, Duration: 28/05/2024 (1day). History of presenting complaint: Fever is intermittent and relieved transiently by PCM. Past medical history: not contributory Family history: Not contributory Social history: smokes tobacco 3 sticks per day. Drinks alcohol occasionally Allergies: None. Occupation: Bartender. Aetiology: unknown. **Duration:**

Vitals: Temp : 36.5 Bp :100 Pulse :93 Resp :18

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,M79.10 - Myalgia, unspecified site, **Date of Onset** : 29/40/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,9, Consultation GP **Estimated Cost** :

Prescriptions: 1516-107902-1171 - (IBUPROFEN : 400 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: 20040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date** : 29-May-2024

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