

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MOHAMED SAFNI

Card No : I017-029-120076119-01

Policy Holder : MOHAMED SAFNI

Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA : E CARE - Green Network

Validity : 13-11-2023 To 30-09-2024

Gender : Male

Date Of Birth : 01-Nov-2000

Patient's Tel No : 0565727014

Service Date :29-May-2024

Health Provider :Irham Medical Center Arjan

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 :

Network : Green

Direct Access SP - YES

☐ 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 :

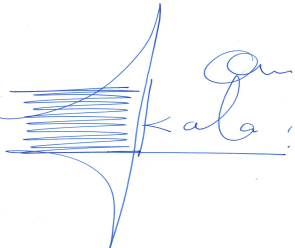
MEDICAL PRACTITIONER DECLARATION :
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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

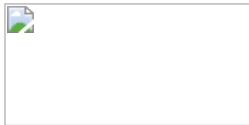
Stamp :

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

Signature :

Date : 29-May-2024

Patient 's signature{Parent : if minor}



29-May-2024

Date : May-2024