Administrative **MEDICAL CLAIM FORM** **Claim Ref:**

Patient Name	: Caleb Musyoki Nzengula	**Service Date**	:30-May-2024	**Network**	: Green
Card No	: I017-029-116122171-02	**Health Provider**	:Irham Medical Center Arjan		**Direct Access SP - YES**
Policy Holder	: Caleb Musyoki Nzengula	**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	: 15-Aug-1988				
Patient's Tel No	: 0559096728				

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 : For follow up and to present investigation reports. Reports shows hyperglycemia: 174mg/dl, vitamin D deficiency of 15 and mixed hypercholesterolemia. **Duration:**

Vitals: Temp : 36.7 Bp :127 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: M47.896 - Other spondylosis, lumbar region,M54.5 - Low back pain,E11.65 - Type 2 diabetes mellitus with hyperglycemia,E55.9 - Vitamin D deficiency, unspecified,E78.01 - Familial hypercholesterolemia, **Date of Onset** :31/32/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,0444-348905-0971 - (CHOLECALCIFEROL : 10000 IU) SOFT GELATIN CAPSULES,0067-142201-0391 - (DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS,0005-149901-0152 - (DICLOFENAC SODIUM : 1%) CREAM, **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** : 31-May-2024

Signature : **Date** : 31-May-2024