Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: MYA SU WAI PHUE

Service Date

:31-May-2024

10% max

Network

NIL

: Green

Card No

: 1017-029-117636642-02

Health Provider

:Irham Medical Center Arjan

NIL

Direct Access SP - YES

Policy

: MYA SU WAI PHUE Holder

Doctor's Name

Payer

TPA

ABU DHABI NATIONAL

: INSURANCE COMPANY-

Co-Insurance :Enomen Goodluck CONSULTATION LAB/RADIOLOGY PHYSIO PHARMACY IP

MATERNITY DENTAL NIL LIMIT NIL 10% NA

Name **ADNIC**

: E CARE - Green Network

: 01-10-2023 To 30-09-2024

Remarks

Gender : Female

Date Of Birth

Validity

: 31-Dec-1986

Patient's

Signature:

Acute Pre-	☐ Pre-existing and chronic		☐ Maternity		
Chief Complaints: PC: Redness or	the right arm, cheek and	d right elbow Duration/onset:	Duration:		
30/05/2024 (yesterday) History of	_	-			
that he right hand was extremely					
elblow of the right hand and on the	•				
nypertensive and not diabetic. Sh	hs no previous history o	f allergies. Family history: Not			
relevant Social history: not releva			!		
dorsum of the right hand and dist					
mildly tender but the one on the	lbow and cheek is not te	nder. Assessment: allergic Etiolog	gy:		
??edema due to insect bite.					
Vitals:Temp: 36.4 Bp:124 Pulse:	'4 Resp :18				
Clinical Findings:					
Diagnosis: T78.3XXA - Angioneuro	tic edema, initial encoun	ter,D69.0 - Allergic purpura,L29.8	3 - Other pruritus,	Date of Onset:31/2	27/2024
Requested Investigations: 9, Cons Prescriptions: 0005-119803-1171 (LORATADINE : 10 MG) TABLETS,		Estimated Cost G) TABLETS,0070-148701-1171 -	Estimated Cost	·	
MEDICAL PRACTITIONER DECLAR	ATION :		PATIENT'S DECLA	RATION :	
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.			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 : Enomen Goodluck Name	Stamp :	Dr. Enomen Goodluck Ekata General Practitioner DHA No: 28040827-001 PESHAWAR MEDICAL CENTER LLC	Patient 's signature{Parent if minor}	:	31- Date : May 2024
		gusa: U.A.E.			

Date : 31-May-2024