Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: HASAN MOHD HAYATH**	**Service Date**	**:02-Jun-2024**
Card No	**: I017-029-119768244-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	**: HASAN MOHD HAYATH**	**Doctor's Name**	**:Humaira**
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-Mar-2000**		
Patient's Tel No	**: +97470826887**		

Network : Green

Direct Access SP - YES

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 : co lumber region 2 weeks painful micturation 2 days oe sacral region pain chest is clear no added sounds **Duration:**

Vitals: Temp : 36.7 Bp :114 Pulse :74 Resp :18

Clinical Findings:

Diagnosis: M62.830 - Muscle spasm of back,R52 - Pain, unspecified,N39.0 - Urinary tract infection, site not specified, **Date of Onset** :02/07/2024

Requested Investigations: 81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,9, Consultation GP **Estimated Cost** :

Prescriptions: 2093-596002-0432 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL,0005-252201-0391 - (CAFFEINE : 65 MG) (IBUPROFEN : 400 MG) FILM COATED TABLETS,1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR 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 : Humaira

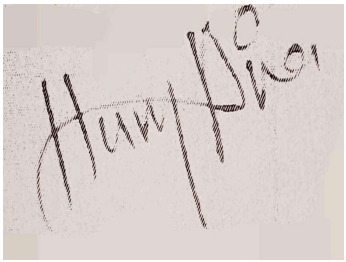
Stamp :

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 02-Jun-2024

Signature :



Date : 02-Jun-2024