Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: NATHANIEL WELCOME**	**Service Date**	**:07-Jun-2024**
Card No	**: I017-029-118348457-02**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	**: NATHANIEL WELCOME**	**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	**: 12-Dec-1989**		
Patient's Tel No	**: 0569642461**		

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 ear pain both sides 1 month on and off pimple on the nose headache 4 days oeenlarge tonsills small obstructed wax in the ear chest is clear no added sounds stable **Duration:**

Vitals: Temp : 36.9 Bp :120 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: R21 - Rash and other nonspecific skin eruption,R52 - Pain, unspecified,J03.90 - Acute tonsillitis, unspecified, **Date of Onset** :07/50/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0219-142902-1451 - CEFIXIME,0027-142201-0831 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,0195-116604-0391 - (METRONIDAZOLE : 500 MG) FILM COATED TABLETS,0281-128401-0152 - (FUSIDIC ACID : 2%) 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 : Humaira

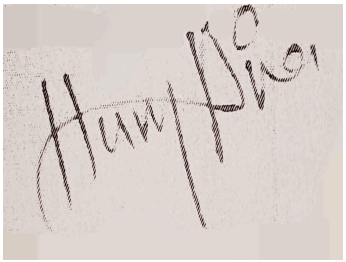
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 07-Jun-2024

Signature :



Date : 07-Jun-2024