Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: SHAKEEL MUKHTYAR THANGE THANGE MUKHTYAR MOHAMMAD	**Service Date**	:08-Jun-2024	**Network**	: Green
Card No	: I017-029-119448916-01	**Health Provider**	:Irham Medical Center Arjan		**Direct Access SP - YES**
Policy Holder	: SHAKEEL MUKHTYAR THANGE THANGE MUKHTYAR MOHAMMAD	**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	: 29-Sep-1986				
Patient's Tel No	: 0507029989				

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 : Previously presented yesterday but fever has not subsided. was being managed for acute tonsillitis and he is getting his medications as prescribed. Counselled to continue current medications. **Duration:**

Vitals: Temp : 37.9 Bp :130 Pulse :92 Resp :18

Clinical Findings:

Diagnosis: J03.80 - Acute tonsillitis due to other specified organisms,R50.9 - Fever, unspecified,K26.7 - Chronic duodenal ulcer without hemorrhage or perforation, **Date of Onset** :08/52/2024

Requested Investigations: 9.01, Follow Up Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM,0046-149902-0511, INFLA-BAN **Estimated Cost** :

Prescriptions: 0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0252-149903-2231 - (DICLOFENAC SODIUM : 100 MG) RECTAL SUPPOSITORIES, **Estimated Cost** :

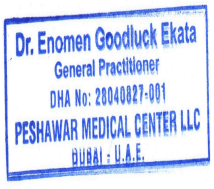
MEDICAL PRACTITIONER DECLARATION :

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 :**



Patient 's signature{Parent if minor} : **Date** : 08-Jun-2024

Signature : **Date** : 08-Jun-2024