Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: KRILDA KHONGNOH PILE KHONGSIT**	**Service Date**	**:08-Jun-2024**	**Network**	**:** Green
Card No	**: I017-029-119653699-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: KRILDA KHONGNOH PILE KHONGSIT**	**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	**: Female**				
Date Of Birth	**: 01-Jun-1998**				
Patient's Tel No	**: 0556544715**				

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 : PC: Frequent urination, lower abdominal pain and feeling of incomplete emptying. Duration: 5days. Has multiple history of UTI. Also has a history of acute gastritis. **Duration:**

Vitals: Temp : 36.5 Bp :100 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: N30.00 - Acute cystitis without hematuria,K29.00 - Acute gastritis without bleeding,R30.0 - Dysuria, **Date of Onset :**08/48/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0188-232401-0392 - (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,M52-5379-01292-01 - (DEXTROSE : 50 MG/ML) (DEXTRAN 40 : 100 MG/ML) SOLUTION FOR INFUSION,0054-103201-0391 - (CIPROFLOXACIN : 500 MG) FILM COATED TABLETS,1267-141604-0082 - (ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE 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 : 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 : 08-Jun-2024

Signature :

Date : 08-Jun-2024