

Administrative

MEDICAL CLAIM FORM

Claim Ref:

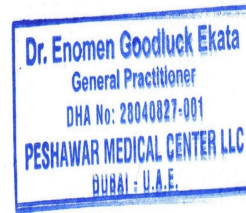
Patient Name	: KRILDA KHONGNOH PILE KHONGSIT	Service Date	:08-Jun-2024	Network	: Green														
Card No	: I017-029-119653699-01	Health Provider	:Irham Medical Center Arjan	Direct Access SP - YES															
Policy Holder	: KRILDA KHONGNOH PILE KHONGSIT	Doctor's Name	:Enomen Goodluck																
Payer Name	: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC	Co-Insurance	<table><tr><td>CONSULTATION</td><td>LAB/RADIOLOGY</td><td>PHYSIO</td><td>PHARMACY</td><td>IP</td><td>MATERNITY</td><td>DENTAL</td></tr><tr><td>10% max</td><td>NIL</td><td>NIL</td><td>NIL LIMIT</td><td>NIL</td><td>10%</td><td>NA</td></tr></table>			CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL	10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA
CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL													
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA													
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																		

☐ 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 :



Patient 's signature{Parent : if minor}



Date : 08-Jun-2024

Signature :

A handwritten signature in blue ink, appearing to read "Enomen Goodluck Ekata". The signature is written over a horizontal line.

Date : 08-Jun-2024