

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MAZHAR HANIF
MUHAMMAD HANIF
Card No : I017-029-114504364-02
Policy Holder : MAZHAR HANIF
MUHAMMAD HANIF
Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Male
Date Of Birth : 07-Oct-1987
Patient's Tel No : 0551120684

Service Date : 11-Jun-2024
Health Provider : Irham Medical Center Arjan
Doctor's Name : Humaira
Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Network : Green
Direct Access SP - YES

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : co fever bodyache pain in throat 3 days oe enlarge tonsills chest is clear no added sounds restless Duration:

Vitals:Temp : 39 Bp :100 Pulse :94 Resp :18

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,J02.9 - Acute pharyngitis, unspecified,R52 - Pain, unspecified, Date of Onset :11/53/2024

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL Estimated :
WBC COUNT,85652, SEDIMENTATION RATE RBC AUTOMATED,86140, C REACTIVE PROTEIN,2190- Cost
106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0195-
107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75
MG/3ML) SOLUTION FOR INJECTION,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,96365,
THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0005-107001-
0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0195-116604-0391 - Estimated :
(METRONIDAZOLE : 500 MG) FILM COATED TABLETS,0333-143602-1171 - (CEFUROXIME : 500 MG) Cost
TABLETS,

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 :

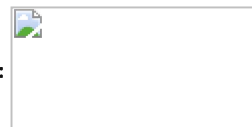
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

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}



11-
Date : Jun-
2024

Signature :

Date : 11-Jun-2024