

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MANJU LAMA

Card No : I017-029-120125902-01

Policy Holder : MANJU LAMA

Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA : E CARE - Green Network

Validity : 01-10-2023 To 30-09-2024

Gender : Female

Date Of Birth : 26-Nov-1987

Patient's Tel No : 0504625016

Service Date :13-Jun-2024

Health Provider :Irham Medical Center Arjan

Doctor's Name :Enomen Goodluck

Co-Insurance

Remarks :

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 :Duration :

Vitals:Temp : 37.8 Bp :120 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: M13.0 - Polyarthrit

Diagnosis: R50.9 - Fever, un

Diagnosis: R52 - Pain, un

Diagnosis: D50.9 - Iron deficiency anemia, un

Date of Onset :13/14/2024

Requested Investigations: 9, Consultation GP,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN ,96365, IV INFUSION THERAPY -Antibiotics & Others,0320-107701-0801, CEBACT ,(CEFTRIAXONE : 1000 MG) POWDER FOR INJECTION ,0102-111908-1001, SODIUM CHLORIDE B.P.,0002-116601-1001, METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION ,83020, HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS,83540, IRON,86038, ANTINUCLEAR ANTIBODIES ANA

Estimated : Cost

Prescriptions: 0252-182103-0081 - (IRON (AS FERRIC/FERROUS HYDROXIDE POLYMALTOSE COMPLEX) : 100 MG) CHEWABLE TABLETS,0097-116206-0391 - (AMOXICILLIN : 875 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,1516-107902-1171 - (IBUPROFEN : 400 MG) TABLETS,0005-119803-1171 - (PREDNISOLONE : 20 MG) 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.

Dr's Name : Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata

General Practitioner

DHA No: 28040827-001

PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :

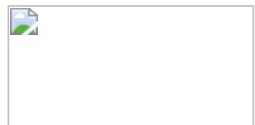


Date : 13-Jun-2024

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.

Patient 's signature{Parent : if minor}



13-Jun-2024