Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **SUNIL KUMAR SURINEEDA GANGADHAR SURINEEDA**	**Service Date**	**:13-Jun-2024**	**Network**	: Green
Card No	: **I017-029-117287584-02**	**Health Provider**	**:Irham Medical Center Arjan**	**Direct Access SP - YES**	
Policy Holder	: **SUNIL KUMAR SURINEEDA GANGADHAR SURINEEDA**	**Doctor's Name**	**:Humaira**		
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	: **27-Nov-1988**				
Patient's Tel No	: **0545109753**				

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 : co lump in the wrist 3 days pain inthe wrist while touching oe lump in the wrist mobile lump pain on touch chest is clear no added sounds stable **Duration:**

Vitals: Temp : 36.4 Bp :120 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: M67.432 - Ganglion, left wrist,R52 - Pain, unspecified, **Date of Onset** : 13/36/2024

Requested Investigations: 9, Consultation GP **Estimated Cost** :

Prescriptions: 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,0027-142201-0831 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,2093-596002-0432 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL, **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.

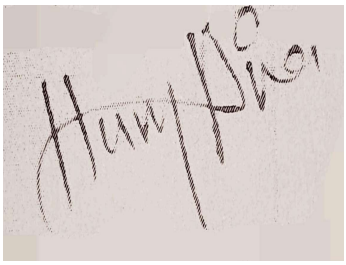
PATIENT'S DECLARATION :

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 : 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} : **Date :** 13-Jun-2024

Signature :  **Date** : 13-Jun-2024