

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : BABASAHEB ASHOK
: SAWANT ASHOK GANPATI
SAWANT

Card No : I017-029-117585297-02

Policy Holder : BABASAHEB ASHOK
: SAWANT ASHOK GANPATI
SAWANT

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 : 14-Apr-1993

Patient's Tel No : 0586623564

Service Date : 13-Jun-2024

Health Provider : Irham Medical Center Arjan

Doctor's Name : Enomen Goodluck

Co-Insurance :

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

Remarks :

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
--------------------------------	---	------------------------------------

Chief Complaints : PC: weakness, fever and pain in throat. also has headache and low back pain. Duration:

Vitals:Temp : 37.1 Bp :120 Pulse :76 Resp :18

Clinical Findings:

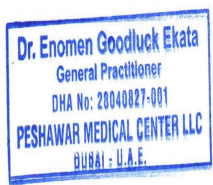
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified, Date of Onset :13/59/2024

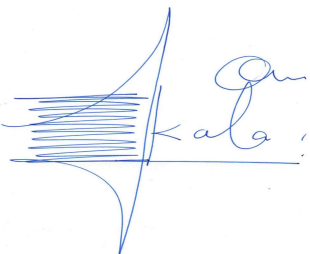
Requested Investigations: 9, Consultation GP Estimated Cost :

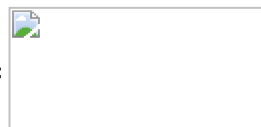
Prescriptions: 4874-125821-3801 - (POVIDONE IODINE : 0.45%) SPRAY SOLUTION,0252-185801-0391 - Estimated :
(DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED Cost
TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,2027-560101-
0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0097-127405-0392 -
(AZITHROMYCIN : 500 MG) FILM COATED 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 : Enomen Goodluck Stamp : 

Signature :  Date : 13-Jun-2024

Patient 's signature{Parent :  if minor} Date : Jun-2024