

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: NABIL AHMED SHAIKH

Card No

: I017-029-119467325-01

Policy Holder

: NABIL AHMED SHAIKH

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

: 09-Jul-2000

Patient's Tel No

: 0589235069

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

: pain in the left ear and also buzzing sounds No complaint with right ear. Uses headset alot. PMHx: Celiac disease ENT: wax in the left ear. Right ear however shows old ruptured TM.

Vitals:Temp

: 36 Bp :120 Pulse :76 Resp :18

Clinical Findings:

Diagnosis:

H61.22 - Impacted cerumen, left ear,M25.512 - Pain in left shoulder,H92.02 - Otalgia, left ear,M43.6 - Torticollis,M54.2 - Cervicalgia,

Requested Investigations:

9, Consultation GP

Prescriptions:

1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,0027-142201-0832 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,0355-163001-0241 - (DOCUSATE 0.5%) EAR DROPS,

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.

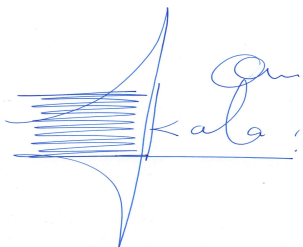
Dr's Name

: Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

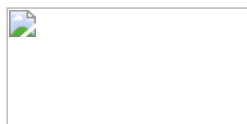
Signature :



Date

: 14-Jun-2024

Patient 's signature{Parent : if minor}



14-Jun-2024