## Administrative

# MEDICAL CLAIM FORM

## Claim Ref:

| | | | | | |
|---|---|---|---|---|---|
| **Patient Name** | **: NYOMAN SUMERINI** | **Service Date** | **:15-Jun-2024** | **Network** | **: Green** |
| **Card No** | **: I017-029-116122287-02** | **Health Provider** | **:Irham Medical Center Arjan** | | **Direct Access SP - YES** |
| **Policy Holder** | **: NYOMAN SUMERINI** | **Doctor's Name** | **:Enomen Goodluck** | | |
| **Payer Name** | **: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC** | **Co-Insurance** | : | | |
| **TPA** | **: E CARE - Green Network** | **Remarks** | : | | |
| **Validity** | **: 01-01-1900** To **30-09-2024** | | | | |
| **Gender** | **: Female** | | | | |
| **Date Of Birth** | **: 13-Sep-1972** | | | | |
| **Patient's Tel No** | **: 0509974194** | | | | |

| 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 :** PC: Severe upper abdominal pain, diarrhea, vomiting, coughing and chest burn. Already being managed for tonsillitis, however still has cough. Currently taking antibiotics too (flagyl and **Duration:**

**Vitals:**Temp : 37 Bp :110 Pulse :76 Resp :18

**Clinical Findings:**

**Diagnosis:** K29.00 - Acute gastritis without bleeding,R19.7 - Diarrhea, unspecified,R11.10 - Vomiting, unspecified,R50.9 - Fever, unspecified,E86.0 - Dehydration, **Date of Onset** :15/31/2024

**Requested Investigations:** 9.01, Follow Up Consultation GP,96360, HYDRATION IV INFUSION INIT,0005-242802-0781, PANTONIX 40MG I.V.,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,0102-111908-1001, SODIUM CHLORIDE B.P.,86677, ANTIBODY HELICOBACTER PYLORI,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost** :

**Prescriptions:** 0415-200001-1452 - (LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN),0005-150407-1172 - (METOCLOPRAMIDE : 10 MG) TABLETS,1267-141604-0082 - (ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS,0137-242802-0342 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS, **Estimated Cost** :

**MEDICAL PRACTITIONER DECLARATION :**

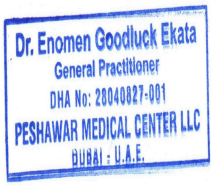
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

**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

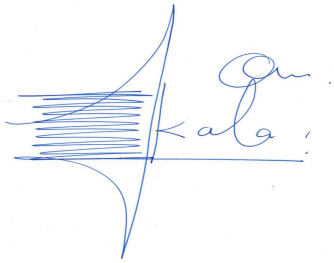
**Stamp :**




**Patient 's signature{Parent : if minor}**

**Date :** 15-Jun-2024

**Signature :**



**Date** : 15-Jun-2024