Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **MAZHAR HANIF MUHAMMAD HANIF**	**Service Date**	**:19-Jun-2024**
Card No	: **I017-029-114504364-02**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **MAZHAR HANIF MUHAMMAD HANIF**	**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	: **07-Oct-1987**		
Patient's Tel No	: **0551120684**		

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 : co weakness low heamoglobin low vitamin d value according to labs 29 may 2024 oe weakness ill looking chest is clear no added sounds stable **Duration:**

Vitals: Temp : 34.6 Bp :52 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: D64.9 - Anemia, unspecified,E55.9 - Vitamin D deficiency, unspecified,E86.0 - Dehydration,R53.1 - Weakness, **Date of Onset** :19/44/2024

Requested Investigations: 9, Consultation GP,0102-152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,96360, HYDRATION IV INFUSION INIT,84591, VITAMIN NOT OTHERWISE SPECIFIED **Estimated Cost** :

Prescriptions: 0252-182103-0081 - (IRON (AS FERRIC/FERROUS HYDROXIDE POLYMALTOSE COMPLEX) : 100 MG) CHEWABLE TABLETS,3735-640406-1381 - (VITAMIN D3 (CHOLECALCIFEROL) : 25000 IU/2.5ML) SOLUTION (ORAL), **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

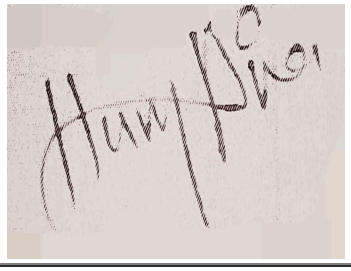
Stamp :

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 19-Jun-2024

Signature :



Date : 19-Jun-2024