

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: SHUBHAM YADAV

Card No

: I017-029-117490819-02

Policy Holder

: SHUBHAM YADAV

Payer Name

: ABU DHABI NATIONAL

TPA

: E CARE - Green Network

Validity

: 01-01-1900 To 30-09-2024

Gender

: Male

Date Of Birth

: 28-Sep-1997

Patient's Tel No

: 0589532040

Service Date

:20-Jun-2024

Health Provider

:Irham Medical Center Arjan

Doctor's Name

:Enomen Goodluck

Co-Insurance

Network

: Green

Direct Access SP

: YES

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

: Pain and swelling in the left axilla Duration: 3days. there is no fever

Duration :

Vitals

:Temp : 36.5 Bp :127 Pulse :74 Resp :18

Clinical Findings:

Diagnosis

: L02.422 - Furuncle of left axilla,R52 - Pain, unspecified,

Date of Onset

: 20/08/2024

Requested Investigations

: 9, Consultation GP

Estimated Cost

:

Prescriptions

: 6960-116403-0061 - (AMOXICILLIN : 500 MG) CAPSULES,0027-142201-2401 - (DICLOFENAC POTASSIUM : 50 MG) SUGAR 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 :

Dr. Enomen Goodluck Ekata

General Practitioner

DHA No: 28040827-001

PESHAWAR MEDICAL CENTER LLC

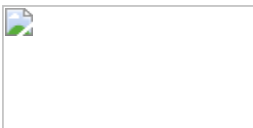
DUBAI - U.A.E.

Signature :



Date : 20-Jun-2024

Patient 's signature{Parent : if minor}



20-
Date : Jun-
2024