

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: RAKESH RAWAT KUWAR SINGH

Card No

: I017-029-114504361-02

Policy Holder

: RAKESH RAWAT KUWAR SINGH

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

: 10-May-1993

Patient's Tel No

: 0569096867

Service Date

: 20-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 : C/o: High grade fever, severe and generalized body pains. Also complained of excessive thirst. He is not a known diabetic and RBS at presentation is 112mg/dl

Vitals:Temp : 39.6 Bp :109 Pulse :114 Resp :18

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,R50.9 - Fever, unspecified,E86.0 - Dehydration,M79.10 - Myalgia, unspecified site,

Requested Investigations: 96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-149902-1021, CLOFEN ,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96360, HYDRATION IV INFUSION INIT,0102-111908-1001, SODIUM CHLORIDE B.P.,9, Consultation GP

Prescriptions: 1343-383501-0582 - (BENZOCAINE : 6 MG) (MENTHOL : 10 MG) LOZENGES,0027-142201-0832 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,5363-863401-1171 - (PARACETAMOL : 400 MG) (PSEUDOEPHEDRINE HCL : 30 MG) (CAFFEINE : 32 MG) (CHLORPHENIRAMINE MALEATE : 3 MG) TABLETS,1161-274301-0392 - (LEVOFLOXACIN (AS HEMIHYDRATE) : 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.

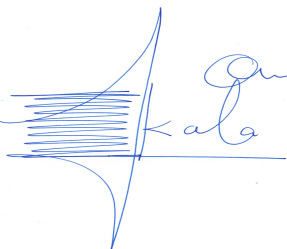
Dr's Name

: Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 20040027-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

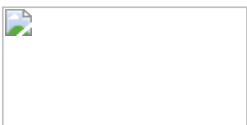
Signature :



Date

: 20-Jun-2024

Patient 's signature{Parent : if minor}



20-
Date : Jun-
2024